



Premier's

TASK FORCE on Crystal Meth

Working together to find solutions

Edson gangs up on crystal meth

By MAX MAUDIE
Staff Writer

The only way towns like Edson will get a grip on crystal meth addiction is if the entire community gangs up on the scourge. "We need people working together," said Edith Zuidhof-Knoop, a supervisor with AA-DAC's Edson-area office.

included pharmacists, police, and social workers. Edson Mountain sits on EDDAC's traditional police jurisdiction. "The police are adding it's to

"People are not sticking their heads in the sand. We're

Meth mania

... from hotels
... by addicts

By CASTAGNA
Staff Writer

Meth addicts have forced their way out of regular incandescents, say two Edmonton police

Mark Ulmer, of the EPS meth unit, said yesterday that staff at several hotels are turning out why light bulbs from their rooms.

Hotel guests were unceremoniously removing the metal bases and using them to smoke crystal meth.

"Meth pipe," Pilon said. The Edmonton Hotels Association commented yesterday.

Ulmer made a presentation on meth to the Police Governance - a group of police and committees - yes, the Dow Centennial.

Ulmer said the meth scourge is a drug of choice. "Edmonton is a cocaine town," Ulmer said.

Meth's presence on the streets has forced cocaine prices to dip.

On average, a gram of meth sells for \$90, about the same as a gram of cocaine, Pilon said.

But meth, a drug manufactured from dangerous chemicals that ultimately rot a user's brain, provides a better bang for your buck.

Meth high lasts four hours, compared to cocaine's 30 minutes, and it takes about 30 minutes to come down.

Police believe the drop from 2003 to 2004 is due to more sophisticated transporting and production operations, not because of decreased demand.

Source: EPS

Meth by the numbers

Amount of crystal meth seized by Edmonton Police

Year Meth seized (kilograms)

2004: 16.44
2003: 37.29
2002: 9.66
2001: 7.66
2000: 3.23

Police believe the drop from 2003 to 2004 is due to more sophisticated transporting and production operations, not because of decreased demand.

Source: EPS

Crystal meth leading to human trafficking

comment

His chin resting on his hand, he shoots a look out the restaurant and says with a sigh about the meth, "These days a

back to crystal meth. It's really addictive and

seemingly becoming a drives the people, but not in

of us would be a convention. street prostitution

women peddling addicts, willing to exchange for a little bit of crack, meth, or

night be. star element at work,

hit conducted a shocking results. were aboriginal, a

time, cops any were

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Fighting Back

REPORT AND RECOMMENDATIONS OF THE
PREMIER'S TASK FORCE ON CRYSTAL METH



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*"They are not gone who live in
the hearts they leave behind."*

– TUSCARORA

DEDICATION TO ROBERT DAY

This report is dedicated to the memory of Robert Day. He was a valued member of the Premier's Task Force on Crystal Meth.

He saw the Task Force and this report as a starting point for building communities that were free of deadly drugs like crystal meth and a safe place to raise our children.

Robert's compassion and empathy for youth and communities impacted by this insidious drug were well recognized by all that worked with him.

His legacy will be his vision and commitment for the well being of all children, youth and young adults, now and in the future.

MESSAGE FROM THE TASK FORCE

We began this process with a clear objective: to recommend a comprehensive, province-wide, holistic strategy to address the alarming problem of crystal meth in communities across the province. A strategy that builds on the strengths and capacity of all communities. And a strategy that will save countless young lives and families from the devastating impact of crystal meth addiction.

Our vision is an Alberta committed to eliminating the growing problems of crystal and other forms of methamphetamine abuse through prevention, awareness, treatment, healing and law enforcement.

When we took on this challenge, members of the Premier's Task Force on Crystal Methamphetamine made a commitment that everyone's voice would be heard, whether it was the voice of one or the voice of many. We learned a great deal as we traveled across the province, meeting with Albertans, and we are honoured to present our findings and recommendations.

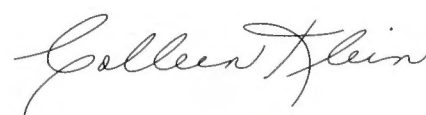
Community leaders all across the province – whether they are health care providers, elders, Aboriginal leaders, educators, municipal or business leaders, law enforcement members or volunteers with community agencies - all share responsibility for controlling the production, sale and use of crystal meth and other illegal drugs, and ensuring that Alberta, collectively, provides a strong, successful and coordinated approach to prevention and healing.

This is not a role for governments alone. Albertans have the collective ability to stop the rampant damage of this drug and fight back. They have the collective ability to ensure a future environment that is healthy, safe and productive for our youth.

The members of the Premier's Task Force on Crystal Meth wish to extend a special thank you to Premier Ralph Klein for his vision and leadership in establishing this group to tackle the important issue of crystal meth abuse in Alberta.

We also thank the partnering Ministries of Health and Wellness, Solicitor General and Public Security, Children's Services, Aboriginal Affairs and Northern Development, Justice, Human Resources and Employment, Municipal Affairs, Education, Advanced Education, Environment and Agriculture, Food and Rural Development for their cooperation and participation.

It is our united commitment to work with all of the stakeholders to ensure successful implementation of the recommendations contained within this report. Together, we can fight back ... we can make a difference in the lives of our children, youth and adults and help put an end to crystal meth abuse in our province.



Dr. Colleen Klein
Chair



Dr. Robert Westbury
Chair

SEPTEMBER 2006

THANK YOU

THE TASK FORCE WOULD LIKE TO THANK the many people who assisted us in various ways in learning about this issue and preparing our report. Literally hundreds of people were involved in the process from individuals, families, organizations and communities affected by crystal meth to law enforcement officers, judges, health care providers, counselors and experts. We also received tremendous support from a team of people who facilitated and supported our work. This report would not be possible without their contributions, ideas, and willingness to participate.

And we sincerely thank all of you.

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*See the inside back cover of this report for
information about where to go for help.*

I am Meth

I destroy homes, I tear families apart.
I take your children and that's just the start.

I'm more costly than diamonds, more precious than gold.
The sorrow I bring is a sight to behold.

If you need me, remember I'm easily found.
I live all around you – in schools and in town.

I live with the rich; I live with the poor.
I live down the street, and maybe next door.

I'm made in a lab, but not like you think.
I can be made under the kitchen sink.

In your child's closet, and even in the woods.
If this scares you to death, well it certainly should.

I have many names, but there's one you know best.
I'm sure you've heard of me, my name is crystal meth.

My power is awesome, try me you'll see.
But if you do, you may never break free.

Just try me once and I might let you go.
But try me twice and I'll own your soul.

When I possess you, you'll steal and you'll lie.
You do what you have to – just to get high.

The crimes you'll commit for my narcotic charms.
Will be worth the pleasure you'll feel in your arms.

You'll lie to your Mother, you'll steal from your Dad.
When you see their tears, you should feel sad.

But you'll forget your morals and how you were raised.
I'll be your conscience, I'll teach you my ways.

I take kids from parents and parents from kids.
I turn people from God and separate friends.

I'll take everything from you, your books and your pride.
I'll be with you always – right by your side.

You'll give up everything – your family, your home.
Your friends, your money, then you'll be alone.

I'll take and take, 'til you have nothing more to give.
When I'm finished with you, you'll be lucky to live.

If you try me be warned – this is no game.
If given the chance, I'll drive you insane.

I'll ravish your body, I'll control your mind.
I'll own you completely; your soul will be mine.

The nightmares I'll give you while lying in bed.
The voices you'll hear, from inside your head.

The sweats, the shakes, the visions you'll see.
I want you to know, these are all gifts from me.

But then it's too late and you'll know in your heart.
That you are mine, and we shall not part.

You'll regret that you tried me, they always do.
But you came to me, not I to you.

You knew this would happen, many times you were told.
But you challenged my power, and chose to be bold.

You could have said not, and just walked away.
If you could live that day over, now what would you say?

I'll be your master, you will be my slave.
I'll even go with you, when you go to your grave.

Now that you have met me, what will you do?
Will you try me or not? It's all up to you.

I can bring more misery than words can tell.
Come take my hand, let me lead you to Hell.

– Anonymous



THE MENACE IS REAL

IF THERE WAS EVER ANY DOUBT in our minds that crystal meth is a dangerous and deadly drug with horrible consequences for individuals, families and communities, the information we learned and the stories we heard about crystal meth and its impact dispelled any questions in the minds of Task Force members.

To set the context for what we're up against, it's important to start with the facts – what we know about crystal meth, how it affects people, and who is using and abusing crystal meth.

WHAT ARE METHAMPHETAMINE AND CRYSTAL METH?

Methamphetamine (meth) is a stimulant. It is a derivative of amphetamine, a synthetic stimulant first synthesized in Japan in 1919. It is sold on the street as jib, crank, meth, speed, glass, fire, ice and other street names. Meth is available as a powder, and can be taken orally, snorted or injected.

Crystal meth is a smokeable form of methamphetamine that is produced from d-methamphetamine, the most potent form of the drug. Typically, the drug is heated or vaporized and the fumes are inhaled, allowing the drug to enter the bloodstream very rapidly. Young people tend to gravitate toward crystal meth because it is smokeable. It takes only about eight seconds for the drug to get to a person's brain.

Methamphetamine is not legally available in Canada. The drug can be produced virtually anywhere – small sheds, basements and even mobile labs in the back of a car or trailer. These makeshift laboratories are extremely dangerous due to the presence of highly flammable liquids and corrosive chemicals, usually mixed by people with no experience or expertise in handling such dangerous products.

The majority of meth sold on the street is produced in undercover super-labs which can produce more than 4.6 kg (10 pounds) at one time or mid-level labs which produce less than 4.1 kg (nine pounds) at one time. These labs are often referred to by police as clandestine labs. While there are larger numbers of small-scale labs, they produce only about 5 per cent of the meth available on the streets. The small scale or home-based labs, often operated by meth users themselves, produce one ounce at a time – enough for the user – and a small amount to sell to help cover the cost of their addiction.

Meth is easy and inexpensive to make, using ingredients called precursor chemicals. A recipe for meth includes products such as over-the-counter cold medications, paint thinner, household products like drain cleaner and agricultural chemicals such as anhydrous ammonia.

Relative to other drugs, meth is cheap to buy, making it highly attractive to children and youth. Meth is not always the drug of choice for youth addicted to drugs, but if it is available, they will often choose it. Meth is considered to be a "dirty" drug and it is referred to as the "poor man's cocaine."

WHAT ARE THE EFFECTS OF CRYSTAL METH?

Crystal meth is highly addictive, providing an extended high and an overwhelming sense of euphoria, lasting between eight and 24 hours.

People who use crystal meth say that it:

- Allows them to stay awake for extended periods of time
- Increases their concentration
- Helps them lose weight
- Results in increased sexual desire and performance
- Gives them a sense of confidence and power

Sounds good, especially to young people. But those “good feelings” only last while the person is high. In fact, individuals who become meth users are addicted more quickly and experience much worse effects from prolonged use than with other drugs. The negative impact kicks in quickly and includes:

- A feeling of insects crawling under your skin (scratching causes “crank bites”)
- Hallucinations
- Restlessness
- Increased heart rate, body temperature and blood pressure (may cause stroke, heart attack and chest pain)
- Impulsiveness
- Upset stomach, nausea, vomiting and diarrhea
- Tweaking (irritability, unpredictable behavior, and miserable feelings as the high wears off)
- Uncontrolled body movements, including seizures that can be fatal
- Amphetamine psychosis (confusion, paranoia and aggressive or violent behavior)
- Extreme depression
- Greatly increased risk of HIV, hepatitis C and other diseases when meth is injected
- Risk of severe injury or death from overdose

If people continue to use crystal meth over a longer period of time, it results in:

- Rapid, unhealthy weight loss
- Brain damage
- Insomnia and restlessness
- Crank bites (skin sores caused by repetitive scratching and picking)
- Meth mouth (dental problems caused by dry mouth, neglected dental hygiene, poor nutrition and the acidity of meth)
- Memory problems and an inability to focus
- Severe depression and suicidal thoughts
- Sexual difficulties
- High tolerance and strong psychological withdrawal
- Greatly increased risk of HIV, hepatitis C and other diseases when meth is injected
- Long-term damage to nerve endings (some of which may be permanent)
- Risk of severe injury or death from overdose

The damage caused by meth is rampant and far-reaching. And it's not just isolated to the people who are using meth. It extends to everyone who surrounds the users, including immediate family members, friends, and the broader community.

According to AADAC, the impact on others includes:

- Significant family disruption, mistrust, difficulty of family members coping with their family member's use
- Conflict with schoolmates, teachers, colleagues and bosses that may result in school expulsion and loss of employment
- Harm to the community through violence, property crime, and environmental damage

Producing crystal meth also has potentially serious and deadly consequences in the community. The hazards of meth labs include exposure to precursor chemicals, toxic fumes and poisonous gases, fires and explosions, property damage caused by contamination,

“Meth addiction is cunning and baffling. It starts out as a harmless and fun thing to do and then, before you know it, your whole life becomes centred on it and it gets to the point where you can't imagine life without it. But you're unable to live with it.”

– Meth user

Why do young people use crystal meth?

"I feel like a superhero that is smart and invincible."

"I like the long high."

"It makes you a more open person."

"It makes life easier because a person doesn't have to deal with anything."

"I really didn't know how addictive it was. I thought I could control the drug. I thought I was smarter than the drug."

dangers to first responders, such as police, fire fighters and clean up crews, and harm to the environment.

The destructive effects of meth can be seen in our communities when users vandalize property, steal, lie or engage in the production of meth in our neighborhoods. Families and friends of users, who have been through the challenge of urging addicts to seek treatment to escape the harmful effects of this drug, are also deeply affected. In some cases, addiction to crystal meth can lead children and youth to become involved in prostitution.

The increase in meth use is reflected in a significant and steady expansion of hospital admissions, police contacts and the number of clients seeking treatment in community treatment centers. Overall, the cost to the health system due to meth use is steadily rising as users are at increased risk for dramatic injuries and motor vehicle accidents, require more emergency room visits, and suffer from many other serious health conditions.

WHO IS USING AND ABUSING CRYSTAL METH?

Crystal meth is particularly alarming because it's highly addictive, easily accessible, cheap to buy, and popular among young people.

Most meth users tend to use other drugs as well. In addition to meth, they may also use ecstasy, marijuana or other drugs at the same time. The burden of mental and physical illness associated with drug use rises when multiple drugs are taken.

Meth users tend to be between the ages of 10 and 25; however, meth is also used by adults over 25. Not all meth users are street youth and homeless adults. Many users start out living at home, attending school or holding down a job, but end up living on the street as the addiction progresses.

One frightening fact is that some children, youth and young adults can be exposed to meth and not even know it. More and more, drug producers are adding meth to other drugs because it is so inexpensive and it gives other drugs greater addictive qualities. Police in Alberta estimate that about 70 to 75 per cent of the ecstasy sold on the street contains methamphetamine.

The Task Force met with many youth that used or are still using meth. They spoke about how they used meth to get away from family, to lose weight, to experience a new high, because it was there, because it was cheap and because the high was so great and immediate.

The Task Force heard from educators, students, police and service providers that the prevalence of meth in schools is growing as dealers find new ways to target children and youth and sell the drug.

Alcohol, cannabis and cocaine are the most common drugs of choice in Alberta; however, methamphetamine use is on the rise in the province. While meth use remains relatively low in the general population, it is increasing most notably among street-involved youth, specific groups within the gay community and young adults in the party scene.

There have been a greater number of clandestine lab seizures throughout western Canada. This expansion in the meth industry has the potential to increase availability and lower prices, which could ultimately result in a larger number of users. The Western Canada Summit on Methamphetamine 2004 heard from multiple sources that law enforcement data, production statistics and prevalence rates show a gradual migration in meth use from the West Coast toward Manitoba.

My Mom's reaction

"After losing her trust, stealing from her and lying to her face, my Mom tried to kick me out numerous times, but I would never listen to her until she filed a restraining order against me. I was forced out of my home by the police and told that I was not welcome back anytime soon. I had dropped out of school and I was homeless. I was unable to find a shelter and spent a couple of nights sleeping behind a local church until I finally found a shed. I was hungry, tired and lonely."

— A crystal meth user



LEARNING ABOUT
THE PROBLEM AND
DECIDING WHAT TO DO

LEARNING ABOUT THE PROBLEM AND DECIDING WHAT TO DO

ALL THE FACTS TELL US that the menace of crystal meth is real. The damage is extensive. And without concerted action, the problem will only get worse.

The first challenge the Task Force faced was to learn as much as possible about the problem, to talk with a wide range of people and learn from their first-hand experiences, and to use all of that information and advice to shape a solid package of recommendations.

STARTING WITH EXTENSIVE CONSULTATIONS

Since our first Task Force Meeting on December 6, 2005, Task Force members have been hard at work, meeting with individuals, families and organizations throughout Alberta.

We have visited 12 communities, held 29 meetings and spoken with 645 individuals to listen and to better understand what is going on across the province and ultimately, to identify what needs to be done.

To help address the many issues surrounding crystal meth abuse and to gather information from a variety of stakeholders, the Task Force established the following six cluster groups. Task Force members participated in one or more of the clusters.

Youth: To seek the views of youth and understand their perspectives on crystal meth availability, treatment, prevention and the most effective solutions, we engaged young people from various communities, including those affected by the drug, those who are not, and their parents and families.

Aboriginal: We met with representatives from Alberta's Aboriginal peoples to learn about the impact of crystal meth on their communities and how their needs would best be addressed in terms of enforcement, treatment, healing and prevention.

Community: Consultations were held throughout the province to understand the impact of crystal meth on Alberta municipalities and communities, and to gain an understanding of what is required to build support structures within communities.

Industry: Meetings were held with business and industry to understand the impact of crystal meth and methamphetamines in the workplace and to find solutions to help support Alberta companies and their employees in the fight against this drug.

Law Enforcement: The Task Force engaged the law enforcement community to better understand the issues surrounding crystal meth and methamphetamines, what is required to reduce supply and demand for the drugs, and the role law enforcement plays in addressing and preventing crystal meth use.

Healing: The Task Force met with individuals involved in the treatment of those addicted to, and affected by, crystal meth and methamphetamine, to seek best practices and holistic solutions for prevention, treatment and healing.

In addition to these consultations, the Task Force also received extensive information and ideas from a number of provincial government departments actively involved in issues related to crystal meth. That includes: Alberta Aboriginal Affairs and Northern Development; Advanced Education; Agriculture, Food and Rural Development; Children's Services; Education; Environment; Health and Wellness; Human Resources and Employment; Justice; Municipal Affairs; and Solicitor General and Public Security.

Through these submissions, we learned about the wide range of programs, services and supports currently being provided. That includes everything from law enforcement to promoting health and wellness; working with Aboriginal communities, school boards and schools, health regions, municipalities and community organizations; protecting children; supporting workplace programs; and cleaning up contaminated sites.

Departments also offered many suggestions for specific initiatives to expand their current capacity, improve coordination of services, meet growing needs in the community, and prevent the spread of crystal meth across the province. Those ideas, along with extensive consultations with a wide range of individuals and organizations, helped inform the Task Force's work and guide our recommendations.

Simply because some children
begin life with the odds
stacked against them doesn't
mean that we, as a province
can't use all of our power to
make sure they have the best
possible chance in life.

IDENTIFYING KEY THEMES

Throughout the consultations, the Task Force met wise, well-informed and inspiring individuals, heard some devastating stories, and gathered a significant amount of very compelling information. While it's difficult to capture all of the input and ideas in our report, three key themes consistently came up throughout the process:

PREVENTION

Find the best ways of preventing people from starting to use crystal meth in the first place.

HEALING AND TREATMENT

For those who do get caught in the web of addiction, make sure they get access to treatment and longer-term support to help them heal.

GETTING TOUGH

Go after the drug dealers and drug producers and get crystal meth off the streets.

The following sections of our report provide highlights of what the Task Force heard and learned about those three themes. We also heard directly from Aboriginal people about the impact of crystal meth on them and their communities. While the three themes certainly apply to Aboriginal people, the approaches and solutions may be different in order to meet their unique needs and circumstances. So we've included a separate section describing the input we received from Aboriginal people and their communities.

Theme 1: PREVENTION

Prevention refers to “measures that prevent or delay the onset of drug use as well as measures that protect against risk and reduce harm associated with drug supply and use.”¹

It just makes good sense that the most effective way to address a drug problem is to prevent individuals from starting to use the drug in the first place.

The Task Force consistently heard that prevention is the path we need to take to resolve current and future issues with crystal meth and other drugs. It will help us build solid and sustainable solutions to help us fight crystal meth today and the next big synthetic drug tomorrow.

Developing healthy children and youth

For the Task Force, one of the central motivations in undertaking this mission was to create a province where our children and youth could live free from the dangers of meth and drugs. It was both heartbreaking and empowering to hear the stories of youth who told us about their experiences with meth, what they would do differently had they known better and what they wanted this Task Force to consider as we formed solutions to fight this terrible drug and others like it.

As we listened and learned, our eyes were opened to the very real devastation of crystal meth among many of Alberta’s young people and their families. From our conversations with them and through our consultations with many leaders and experts it quickly became clear that Alberta needs to foster an environment that develops and nurtures healthy children and youth. When we put our children and young people on the right path, with the right skills, values and knowledge, we are that much closer to stopping meth in its tracks and preventing it and the next popular drug from taking a hold of future generations.

1. Loxley et al, 2004 cited in “A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends”. Prepared for the Methamphetamine Task Group of the FH Addictions Services Planning Steering Committee, Victoria, BC, June 2005. Page 27.

While it might appear that meth is only an issue reserved for teens and young adults, the best prevention happens when we begin to reach and educate children in their early years, especially those children most at risk. Our health care system and the addictions community need to work together to reach high-risk families and children, when the early signs are present and before drugs are clearly a problem. Our Aboriginal communities also need this early intervention to help raise the standards of care on reserves to equal what is expected throughout the rest of the province. We must provide the same opportunities for all of our children, regardless of personal circumstances at birth. Simply because some children begin life with the odds stacked against them doesn’t mean that we, as a province can’t use all of our power to make sure they have the best possible chance in life.

Whether we spoke to police officers, child development specialists, educators or young people themselves, the message was clear and consistent: Support for families is central to prevention. We must support parents and families in their work to build strong values and life skills in their children. Together, we can build the foundation for our province’s preventative strike against drugs.

Increasing awareness and education for children, youth and young adults

One of the central principles of prevention is awareness and education. If we can educate our children, youth and young adults to make smart, healthy decisions and make them more aware of the dangers and consequences of a life affected by crystal meth, then we have taken a major preventative step against this drug and others like it.

Our preventative education efforts must begin early, at home with parents and families. We must support and equip parents with the knowledge and resources necessary to talk openly with their children about drugs and sound decision-making skills. Our education system must continue to support this process and help build resiliency in our

JESSICA’S STORY

Jessica*, who had been off crystal meth for no more than a few days, spoke to the Task Force about her highs and lows with meth and her challenges with the police, the health care system, and her parents. Despite her tweaking (coming down off a high from crystal meth), Jessica was able to tell us something very wise. She knew that in the midst of all her trouble with drugs, her parents had no idea where to turn. She knew they had no support, no knowledge and no idea about what to do or say next. Jessica said she wants to see a better support network in place for parents and others, one that would have helped her own parents respond more effectively to her crisis, her difficulties and her cries for help.

** Jessica’s name has been changed to protect her identity.*

young people and their families. This point was emphasized again and again by many of the youth who told of their parents' inability to talk about drugs.

The Task Force learned from youth and experts alike that there is tremendous value in involving key community stakeholders, such as police officers and industry leaders, in the ongoing education of our youth. Whatever the program or format, the message delivered by community mentors and leaders must be communicated early and consistently throughout grade school. The message must be real and should focus on encouraging smart decision making and healthy life choices. Finally, the message must be consistently reinforced by all adults and influences in the child's life, including educators, parents, media and others.

Youth, police, educators, addictions workers, the Aboriginal community, industry representatives and others consistently called for an integrated awareness campaign on the dangers of crystal meth. This type of campaign would help stimulate and inform conversations in the home and at school. While such a campaign may not be able to reach and help those who are currently addicted to the drug, nearly everyone the Task Force spoke with felt strongly that such a campaign would foster the understanding and dialogue necessary to launch the most effective preventative effort possible.

Jurisdictions where meth has exacted a toll have launched a direct assault, with very graphic advertisements targeted at youth, to ensure they fully understood the impact and consequences of crystal meth. While there is much debate on the merit and effectiveness of these graphic and negative ad campaigns and the long-term behavioral changes they create, it is clear that an awareness campaign is one important step, among many preventative measures, to effectively hinder the persistence of crystal meth in our province. A recent study done for the Alberta Centre for Child, Family, and Community Research looked at

best practices in prevention, treatment, and healing of methamphetamine use in youth. While few studies have been done on the effectiveness of prevention programs for youth, one study evaluated 30 drug prevention programs and found that public service announcements were effective in increasing knowledge about methamphetamines. Public service announcements that emphasized the negative consequences of methamphetamine use were more effective than "Just say no" or avoidance campaigns. Further consideration and research is necessary to better understand what form an Alberta awareness campaign should take and to ensure the greatest impact.

As with many societal issues, education is of the utmost importance. A balance of factors must be addressed in order to prevent drugs like crystal meth from gaining ground, and while education is just one of these factors, it is certainly one of the most critical. Education can effectively create and sustain life skills and knowledge that will help move us toward real prevention of crystal meth use and other drugs just like it.

LEARNING FROM COMMUNITIES

The Town of Drayton Valley was one of the first communities to be affected by crystal meth and also the first community to effectively mobilize against it. The town gathered key community leaders and groups together to help drive crystal meth from their community. They were effective in their efforts to reduce the drug's impact, reduce crime and alleviate many of the societal challenges that come with the drug. Supply and demand for meth decreased and, most importantly, community awareness and cooperation dramatically improved for the long term. The lessons used in Drayton Valley have gone on to help communities like Camrose and Wetaskiwin who are experiencing a similar battle against crystal meth.

“ We’ve got to do something for the young ones who haven’t even thought about using it yet. No human being should be putting fertilizer, iodine, Drano, and battery acid, all mixed together with a little ephedrine, into their system. ”

— participant in consultations

Stimulating and supporting community-driven initiatives

Meth affects not only individual lives, relationships, and families. It also has a dramatic impact on the communities in which it is produced and used.

Meth has followed a somewhat fractured path in invading Alberta communities. Some communities know little about crystal meth and have not witnessed its impact on their streets and in their schools, while other communities have been hit hard by meth, forcing them to join together to fight back.

The Task Force learned that, regardless of the specific community involved, a community-driven approach is the most effective way to prevent crystal meth from entering or increasing in prevalence in a community. This issue cannot be addressed at only the federal or provincial government levels. We must empower and equip our communities to make meth and drug awareness and prevention a priority.

As a Task Force, we had the opportunity to speak with a wide range of members and leaders from a number of Alberta communities affected by crystal meth. We wanted to learn from the experiences of communities like Drayton Valley, Camrose, and Hinton to help prepare other communities for a similar fight. Well over 50 communities are now actively involved in initiatives to stop the spread of crystal meth. If communities share their experiences about the actions they took, what worked well and what didn't, they can be better prepared to deal with the issue of crystal meth and other drugs in their community.

Often, members of community agencies and support groups are in the best position to effectively respond to the rise of drugs and crystal meth. In Hinton, the Task Force learned that the local Family and Community Support Services agency (FCSS) first detected crystal

meth in their community. The agency brought together key community leaders from law enforcement, AADAC and the municipality to begin formulating the town's response. This important community response speaks to the need for a vibrant and well-resourced network in all of Alberta's urban and rural communities to facilitate a similar response when necessary.

Because the production of crystal meth happens predominantly in rural communities, there is a greater need to work with municipal districts and counties and the agricultural industry to ensure heightened awareness of the early signs of precursor theft and meth production.

Engaging and supporting industry

While Alberta has enjoyed a strong business and economic climate, these prosperous times have also brought a number of negative consequences to Alberta's worksites and workplaces. The Task Force learned that safety, productivity, employee health and senior management awareness and recognition of the impact of crystal meth and other drugs, were all issues that must be addressed.

Crystal meth and other drugs are in the workplace and have serious consequences. Employees who use drugs, either at work or in their time off, tend to accumulate lost work days, resulting in less overall productivity. There are also serious safety issues arising from drug use on worksites, as one employee's addiction can affect the safety of every co-worker around them, particularly where heavy machinery and equipment are involved.

Many industry players have instituted drug screening and testing to ensure workplace safety. While these steps can certainly play a strong deterrent role, we also heard how this practice was leading to unintended negative consequences. Stakeholders with operations in the Fort

McMurray area said that some employees are finding ways to cheat on their drug tests in order to keep their job. Synthetic urine and similar products are available in Fort McMurray and over the Internet and are used to escape positive detection on drug tests. There was also frightening anecdotal evidence about how regular drug testing for employees did not always result in a positive deterrent. Some employees were making crystal meth their new drug of choice (after learning that it remains in the system for a much shorter period of time than marijuana) in order to avoid detection during regular drug tests and allow them to continue using drugs on their time off.

In spite of this reality, the Task Force found that the majority of industry does not have knowledge or information on meth and other synthetic drugs, or on the impact these drugs have on their organizations and employees. Many of the industry and business officials attended our consultation sessions in order to learn more about crystal meth and its impact so they could bring that knowledge back to their organization. Human resources representatives from some of the major industry leaders in Alberta spoke of their challenge and determination to make drug and addictions education a priority for senior management. But in such prosperous times, when it is difficult to even recruit and retain qualified staff, many senior management members do not see drug use as a priority issue, even though their human resources department's frontline experience with employees suggests otherwise.

This experience was reinforced by the Task Force's own difficulties in recruiting business leaders to our consultation sessions. Senior business and industry response to invitations for meetings was weak in some communities. Many of our consultation meetings were not well attended by the sectors of companies and organizations clearly impacted by drugs in the workplace – oil and gas, forestry, construction and others. As a Task

Force, we remained dismayed that the growing concern with crystal meth and other drugs was not shared more widely by industry partners, who, we believe, have yet to see the impact of drugs on their operations and bottom line.

In spite of this overall lack of awareness, we did speak with some leading employers that appreciate the consequences these drugs were having on their workplaces. Many organizations have workplace drug policies to help inform and educate their staff on the consequences of drug use in the workplace. Other employers take this a step further and support their staff through an employee drug treatment self-referral program. Employees with a drug addiction who wish to receive treatment can anonymously receive detoxification, treatment and after care support at little or no cost. While the employee is seeking treatment, their direct supervisors do not know why the employee is away and the employee can return to his or her job after successfully completing care and treatment. Employers with this type of benefit program have seen very positive results, allowing them to retain employees, improve their productivity, and create a supportive work culture that encourages treatment, healing and ongoing education of the entire staff.

Industry in Alberta is in a very fortunate position. With positive bottom lines, those that have an active drug education and addictions support program for employees can often provide quicker access to treatment and care than many communities can for their own citizens. So, how do we bridge the gap in service and treatment between what industries can provide and what is available to the broader community? How do we unite industry, communities and municipalities to work collectively on addictions and drug-related issues?

The Task Force recognizes that, first and foremost, attitudes among Alberta's industry must change to make

this issue a priority. Senior management must allocate the resources and provide the recognition necessary to support workplace prevention, education and treatment. From there, industry can begin to connect with the outside community – law enforcement, support groups and local drug task forces – to support efforts and advocate with governments, media and others to advance community drug and addictions issues. When industry leaders begin to see the social and business cost of meth, we believe they will be motivated to take more immediate action.

Expanding knowledge

Almost everyone the Task Force met with had a similar plea – we need to know more. We need more research, more information, and more understanding of both the problem and the effectiveness of potential solutions.

Many different players have a window into the world of crystal meth including treatment facilities, police agencies, the criminal justice system, health care providers, probation and corrections workers, teachers and the education system, and many others. Each one holds critical information that, when combined with others, yields a significant pool of knowledge from which research, trend gathering and original thought and insight can occur. The Task Force heard from industry, law enforcement, the addictions community, the health care system and others. They all told us that if each stakeholder collected critical data and then began to share that information with others, the entire network would be better positioned to individually and collectively address and prevent crystal meth and other drug issues.

This expanded pool of shared information could provide the fuel for original research into areas not yet explored in the world of crystal meth – research that would explore questions like: What is the long-term impact

of fetal exposure to crystal meth? What are the best methods for preventing crystal meth use by youth? What is the impact of getting tough on drug dealers and producers? Do lengthy jail sentences serve as a deterrent?

Alberta is fortunate to have excellent research capacity. A great deal of original research on crystal meth is being carried out at the Universities of Alberta, Calgary and Lethbridge and at research bodies like the Alberta Centre for Child, Family and Community Research. However, if we had greater access to data and information on our current experiences with meth and other drugs in Alberta, much more research and knowledge could be generated. We have the opportunity to position Alberta as a research centre on crystal meth and its impacts. With ongoing support to our universities and other research bodies, we can begin to understand the influence that these drugs have on our personal, societal and environmental systems. The Child Development Centre at the University of Calgary is set to open in March 2007. With its focus on improving the wellbeing of children, families and communities, it will bring new knowledge to priority issues such as crystal meth and it will integrate world-class service, training, research, and policy to close the gap between what we know and what we practice. Industry partners can step up and provide support for research and lead by example. Most importantly, we can learn how to prevent and protect our province's young people from its further spread.

Sharing information and research results can support prevention initiatives, help ensure a more effective treatment and healing system, and support efforts to reduce the supply and demand for drugs like crystal meth. Ultimately, it will help improve the well being of our young people, our families and our society.

Theme 2 HEALING AND TREATMENT

Prevention must be the starting point for any comprehensive approach to fight back and stop the alarming and devastating impacts of crystal meth. But prevention takes time – time we don't always have. For young people affected by crystal meth today, we need to take action – to give them and their families the immediate, consistent, and long-term support they need to heal. That means access to treatment when they need it. It means better coordination of care and understanding that addiction is a health, and especially a mental health, issue. It means access to after care support because healing is a long-term process. And it means ongoing support to individuals and families when they need it.

Treatment

Regardless of where the Task Force traveled or who we talked with, we consistently heard that immediate action was needed to help people who are suffering from drug addiction.

Former users and addictions counselors shared how difficult it is for an addict to make the decision to seek help. Some youth said they had to go to jail more than once and struggled with meth on and off for years before they decided to finally get clean. Some youth ended up in hospital due to an overdose and went directly from hospital to detox. It is also important to recognize that, because the detoxification time is longer than with other drugs, meth users need to be treated differently than other drug users.

From outreach workers, police and health professionals alike, the Task Force heard that there is a chronic lack of beds across the province for detoxification, healing and treatment, with the most acute need in rural and remote areas. The shortage of beds was echoed by former users and parents of users. We heard time and time again from youth and young adults who made the decision to go into detox that they often had to wait a week or two before being admitted. All continued to use meth during that time and many did not make it to their admission appointment.

We heard similar stories from probation officers who said their clients have to wait for two to three weeks to get into detox. In addition, children apprehended under the Protection of Children Abusing Drugs Act are placed in secure care for five days, but it is a challenge to find a treatment placement following that five-day period. Clearly, the current treatment system, with lengthy wait times and the 'nine to five' work day mentality, is not effective for children, youth and young adults who need immediate help.

There are only limited detox facilities targeted specifically for young people under 18 and virtually none for young adults between the ages of 18 to 29. There are no detox or treatment facilities located on Aboriginal reserves and limited detox capacity outside of the two major centers.

Even when a young person is able to access detox facilities, the next challenge comes when a user is ready to leave detox for a treatment program. There is often another two to three week wait to access a bed, and for many, the wait is simply too long to go unsupported. They resume their drug use ... and the cycle begins once again.

Despite the shortage of facilities, the addictions community has responded admirably. We were first made aware of their efforts during one of our consultation meetings in Edmonton, where we invited a number of the treatment providers to share their experiences with us. They reaffirmed the chronic shortage of detox, treatment and healing beds but they also talked about their collective and cooperative effort to ensure that everyone who needs treatment receives it. If a facility is full, they call others in hopes of finding an empty bed. But with the significant shortage, this is not always possible.

The situation is even more serious in rural and remote regions of the province where there is limited, if any, access to treatment and healing facilities. Often users will be referred to a facility in one of the major centers away from their home, making it difficult for families to provide support, remain in close contact, and participate in the treatment process.

Treatment workers and former users noted that the treatment required for meth is very different from other drugs. Research shows that meth stays in nerve cells for 45 to 60 days, making the time it takes to complete detox much longer than with other drugs. For regular meth users, one month of being off the drug is typically required before they are able to function and absorb a standard, 21-day treatment program. The first couple of weeks are usually spent sleeping, only waking up long enough to eat. It is a long and slow process to resume a normal daily schedule. In addition, it often takes two to three months for regular meth users to get their health back after prolonged poor nutrition, neglected dental health and related physical problems (e.g. 'meth mouth' and 'meth face').

Currently, Alberta does not have a medically-supported detox facility. For some meth users, the additional medical support is required. There are no detox treatment or healing facilities specific to meth addiction; however, there are certain programs that address the specific needs of a meth user. AADAC has recently developed a protocol for the detox and treatment of crystal meth users that recognizes and responds to their unique needs. The protocol reflects the need to begin with a 28-day program combined with the capacity to extend the program as required by individual meth clients.

We also heard from youth that many users and their families don't know enough about the programs already in place. Former users admit they may have sought treatment earlier had they known what was available to them.

Treatment and healing programs vary across the province depending on diverse needs, availability of resources and staff, the prevalence of meth in the community, as well as the roles and participation of different partners in a community. Communities need access to different treatment and detox delivery models that reflect the diverse needs of urban, rural and remote communities.

In addition to treatment facilities and programs, families need to be fully engaged and involved. Young people with supportive families have the best success in treatment. Families or a strong support network have to be engaged early on in treatment and stay involved in the youth's life after treatment is complete.

Front-line workers, including police and addictions workers, expressed frustration that health professionals do not always recognize the health needs of meth users or the dangers of simply releasing them back to the street. Emergency health workers expressed their frustration with the lack of addictions workers available to pick up a patient, as well as the lack of detox beds in which to place a patient. Health care and mental health

professionals said they need additional training to deal with crystal meth toxicity and its related issues, including safety.

Health professionals need addictions and meth awareness education programs to help them recognize the signs of a meth addiction and understand the detox and treatment protocols. A proportion of meth users may require long-term, institutionalized care, while others may benefit from being removed from their community and the environmental triggers to their addiction, in order to be treated and ensure a smooth transition back into society.

Finally, detox, treatment and healing cannot take place without trained staff in specific aspects of the programs. Alberta is facing a serious challenge in recruiting and retaining qualified staff, especially in rural and remote communities and on evenings and weekends. Both the quantity and the quality of applicants are diminishing.

Based on everything we heard and learned, the Task Force views access to detox, treatment and healing beds as a critical issue that requires immediate attention. No child, youth, adult or family should be denied access to treatment. There should be no financial or capacity barriers to their treatment. And Alberta should have the capacity to treat people when they need it.

"This is a tough transition when you spend your whole using life not being honest."

– Former youth user

"Be open and if you feel like you are going to relapse, talk to someone."

– Former youth user

Recovery is a long process

"I was sick of hurting all the time and sick and tired of the addiction. I had experienced too much pain in my life, and doing drugs was no longer something that gave me pleasure – it was something that controlled my life. After getting a new probation officer who would make me go to twelve step meetings numerous times a week, I relapsed one more time. Then I put everything I had into focusing on a recovery. So far, it's worked."

– Recovering meth addict

After care support

"There needs to be greater support for the transition from treatment back out into the community. We cannot treat, release and expect them to be successful...because they won't be."

This message came from the mother of a meth user who has struggled with her son's addiction for years. He is currently serving time in jail because he eventually began to deal drugs to support his addiction. Obviously, this cycle must be broken.

Former users told us that good treatment involves being kind, accepting and non-judgmental, particularly when a user relapses. Detox, treatment and healing providers consistently commented that relapse is a part of recovery, not an end point. Following treatment, a relapse prevention program should be a critical component of the healing process. Additional counselors and transitional workers are needed to provide ongoing, consistent support to the youth or adult coming out of treatment.

A team approach to after care support should be in place to support both the individual leaving treatment and his or her family. Staying clean is difficult work and former users need support to deal with temptation and risk factors such as returning to a community where their only friends have been users and dealers.

Addressing mental health issues

Addiction is a serious health care issue, and we have to start treating it that way. That message came through strongly in a story told to the Task Force by the parent of a crystal meth user, and health care professionals, addictions counselors and young addicts reinforced it. When drug addiction is combined with mental illness, the impact is more than our current health care system can manage.

In many cases, the Task Force learned that mental health issues often underlie and sometimes spawn drug addiction. It certainly is not uncommon for someone with a drug addiction to also have one or more diseases or disorders in addition to their addiction. This condition – called co-morbidity – defines so many of our young people and adults caught in the cycle of drugs.

To address co-morbidity, we need to begin by recognizing the combination of addictions and other health problems that affect many addicts and then ensure that a coordinated system of care is in place to meet the full spectrum of their needs. All service providers, including those who work in treatment facilities, hospitals, and specialized clinics, along with local doctors and mental health professionals, have to work together to provide a strong continuum of care to children, young adults, adults and families.

The Task Force had the opportunity to speak with psychiatric professionals who specialize in co-morbidity at the Calgary Addictions Centre and the Calgary-based Young Adult Program. Adults and young adults in these programs are treated first for their addiction and then for their concurrent mental illness or illnesses. From our consultations, there is a startling prevalence of co-morbidity among crystal meth and hard core drug users. The young people we spoke with said their addiction was often a coping mechanism for other mental and physical health issues that were not being addressed or treated.

And access to mental health services can often be at the heart of the problem. All across the province, there is a need for greater access to mental health care support and services, but the problem is most severe in rural Alberta where services are not readily available to the young people and adults who need them. Children and young adults need greater access to mental health and psychiatric services and professionals to address their co-morbidity issues. There are not enough beds and

not enough trained and qualified staff, especially those with a focus on co-morbidity with addictions, to meet the needs of these individuals. We need to do a better job of intervening with children at risk and addressing their mental health issues at a much earlier age. Changes are needed to ensure that AADAC's services are better coordinated with the province's mental health system, and to make sure AADAC counselors can more readily identify co-morbidity issues in their clients. Finally, we heard many instances where our hospitals and primary care networks failed to identify or suspect mental health

A STORY ABOUT ADDICTIONS AND MENTAL HEALTH

A mother talked about her experience with a son addicted to crystal meth. He trafficked the drug and now serves time for his meth-related crimes. She talked about her family's journey, the challenges they faced, and the difficulties still before them. She wanted to bring her son's addiction into the public eye so it could be seen for what it was – an illness. When her son broke the law, entered the health care system and sought treatment, she felt like society looked at him and her family as if his addiction had been a choice. To her and to many parents of addicted teens, their children did not choose to become junkies. While their kids did choose to try the drug for the first time, they did not decide to become addicted. The most important solution they can offer is the need for ongoing education about addiction being an illness rather than a choice.

issues when treating addiction, leaving young people and adults to flounder without proper medical and psychiatric attention and support.

To address these challenges and shift public perception to where we believe it needs to be, a great deal of coordination and integration need to occur. There must be more committed treatment centers that address mental health and addictions issues at the same time. Those who are currently working in this area are doing a commendable job, but there are not enough beds and staff to treat all of the children, youth and adults who need this type of assistance. Finally and perhaps most importantly, our system needs to better support the mental health and well being of our children, youth, parents, families and adults who have been touched in some way by crystal meth and other drugs.

Integrating services for children, youth and families

The plea from parents and families isn't just for addictions to be treated as a serious health care and mental health issue. They also clearly spelled out the need for a crisis addictions team that can be called on 24 hours a day, seven days a week, when parents and families are dealing with a teen who is high or tweaking and needs access to a medical detox facility. Often these users are violent and may display paranoid schizophrenic characteristics. A team-based intervention approach is very important at this time and should involve police, health professionals and addictions counselors.

This is just one example of the need to integrate services for children, youth and families. Ideally, there would be a single program for a patient, as he/she moves through the continuum of services. For this to be effective, professionals need additional training to enhance their qualifications and ability to recognize and deal with addiction patients and their unique treatment needs.

The Task Force also found a need for addictions services to be delivered in the community, in collaboration with mental health services, and allowing for shared treatment criteria and planning between addictions and the medical community.

Addictions and mental health care must be a part of primary health care networks across the province. The Provincial Mental Health Plan and the provincial strategy Building Capacity—A Framework for Serving Albertans Affected by Addiction and Mental Health Issues are a good place to start. Both talk about the need for better integration of addiction and mental health services. The Framework document outlines a plan to coordinate mental health and addictions services, but the program has yet to be funded by the Government of Alberta.

The Framework requires addiction and mental health service providers to adopt a "shared care responsibility" to provide common-case management and seamless service delivery regardless of a client's point of entry. Each program and each clinician is expected to develop fundamental "concurrent disorder capability" through direct training of current staff, hiring of cross-trained staff, mentoring through techniques such as job shadowing and collaboration with another service provider.

We heard from all service providers, whether they were prosecutors, members of the judiciary, law enforcement officers, probation officers, AADAC and other treatment and healing service providers, that there is a need to work together more and close the gaps in program and service delivery. An integrated system will assist each organization to better fulfill its mandate in reducing the supply and demand for crystal meth and other drugs and treating and healing those in need.

A CONVERSATION WITH STASHA

The Task Force was truly touched by our conversations with Stasha, a young woman who has dedicated herself to working with youth on the street, who are addicted to meth and other dangerous drugs. Stasha taught us that there must be stronger support connections among our health care community, AADAC and the non-profit groups that serve these often forgotten youth. Street youth need access to treatment and drug education programs that will help them survive and live healthy lives, but they also need our support and compassion to eventually move ahead.

Theme 1 GETTING TOUGH

One of the most effective ways of fighting back against the spread and damage caused by crystal meth is to get tough. Take steps to keep crystal meth off our streets. Make it more difficult to access, produce and sell. And get tough on drug dealers and drug producers.

Supporting police, law enforcement and first responders

Law enforcement has two important roles in addressing drug crimes – enforcing current laws and reducing the demand for drugs. It needs to have the resources and tools to deter and apprehend drug users and dealers while also mobilizing communities, allies and young people to stop the spread of drugs and drug culture in our communities.

During our consultations, we learned that crystal meth is readily available on the streets. Youth in Calgary told us that they could list a large number of well-known locations where meth can be readily purchased.

Most precursors (the chemicals necessary to make crystal meth) are available in small quantities at local stores, but many precursors are coming from outside of Canada in larger quantities. At the time of writing this report, 18,000 kgs (40,000 pounds) of ephedrine are unaccounted for and police suggest it is likely being used for meth production in Canada.

In terms of enforcement, a former user and dealer said it best when he told the Task Force that he wasn't afraid of getting caught by police for dealing because he knew it would be unlikely that he would have to go to jail, and if he did go, he would just make new criminal connections in jail.

The Task Force also learned that the meth culture is quite closed. It is difficult for police to trace the dealer on the streets back to the person making the meth, known as the "cook." The cook is insulated and protected because he is the money-making source. Investigations are long and onerous, and the RCMP Clandestine

Lab Team reports that each file takes at least one year before they can move on an economic-based lab (a lab that is designed to produce enough crystal meth to make money rather than just to feed a person's addiction) and attempt to arrest the producers.

There is a sense of frustration among police and provincial prosecutors who are working diligently and strategically to stay ahead of the dealers and producers. However, they feel that the court system is not providing an adequate deterrent. Drug trafficking is not considered a violent crime, and as such, criminals know that, if they are caught, they will only serve one-sixth of their sentence.

The Task Force heard that sentences need to be harsher, particularly for producers and traffickers. The incentive for producing drugs and trafficking is money. Dealers and traffickers must be penalized in a way that lessens the incentive through fines, jail time and seizure of their property.

While there has been a much-needed increase in resources for policing related to drug producers and dealers, few resources have been dedicated to reducing demand through crime prevention officers. Demand reduction is a preventative approach that seeks to reduce interest and demand for all drugs. Demand reduction works along with the efforts of the law enforcement community to reduce the amount or the supply of drugs. Both policing and demand reduction are important roles for the police to play.

Police and prosecutors face a number of challenges. Under the current precursor legislation, the onus is on prosecutors to prove that an item is the proceeds of crime. In Australia and the United States, a license is required for anyone choosing to purchase precursors. There is no requirement for precursor licenses in Canada. In addition, not all police, prosecutors and judges have direct experience and expertise in dealing with crystal meth.

We also learned about a recent change with Justices of the Peace (JPs). Instead of having JPs in various communities across Alberta, they now are located in Edmonton and Calgary only and serve the entire province from those two cities. Frontline officers and probation officers explained that this new process has meant that most people convicted of a first-time offence are not kept in custody. In contrast, JPs that lived in the community often had first-hand knowledge of the damage the person caused to the community and were more aware of the impact of not keeping the individual in custody.

The Task Force believes we must get tough on drug producers and dealers and put an end to the pain and injury they cause children, youth, young adults, families and communities.

The Task Force also heard from fire fighters who are first on the scene when fires occur at crystal meth labs. In addition to concerns about safety due to the hazardous chemicals involved and the risk of explosions, fire fighters also talked about the need for expanded hazardous materials training specifically for chemical drug labs. Currently, small fire departments are ill equipped to respond to these situations and suggestions were made that smaller communities should work together on a regional basis to ensure they have the capacity to respond.

Protecting the environment

Production of crystal meth is dangerous – to the individuals who make it, to people who try to shut down the labs, and to our environment.

Because of the various chemicals used to make crystal meth and the rudimentary procedures used, the result is a tremendous amount of toxic waste. Half a kilogram of meth produces four kilograms of toxic chemical waste. In most cases, the waste and residue from a meth production lab end up in the surrounding environment, leading to major environmental damage and significant clean-up costs. The chemical waste can also cause severe damage to the ecosystem and serious health problems if it is inhaled or ingested by people, animals or livestock.

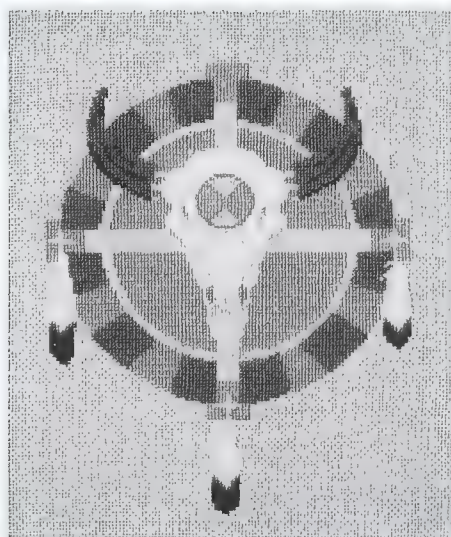
Since meth labs can produce drugs in relatively short periods of time, production labs can easily materialize in unexpected places such as hotel rooms, abandoned rural buildings, or anyone's home. As quickly as a lab can be constructed, the drugs can be removed, leaving the lab and the waste to be discarded into the environment and leaving a landowner, landlord, or municipal district to shoulder the clean up costs. One Alberta county was recently caught off guard with a significant clean-up bill for methamphetamine waste that was dumped on county lands.

Alberta Environment is taking steps to amend the Waste Control Regulation to specifically reference the wastes from illegal drugs as hazardous substances under the Environmental Protection and Enhancement Act. This will strengthen our ability to ensure prompt and appropriate clean up of these substances. We need clear guidelines and standards for the clean-up and remediation of all meth and synthetic drug production sites so that clean-up costs can be more clearly assigned to the responsible parties. Albertans need to be assured that our land and communities are being protected. And steps are needed to protect the safety of first responders and clean-up crews who come into contact with toxic waste from meth labs.

Working with Aboriginal Communities

Aboriginal peoples – including First Nations, Métis and Inuit people in Alberta – have a unique place in the history, experience, culture, traditions and community life of Canada. The Government of Alberta has expressed its relationship with Aboriginal people and communities through an Aboriginal Policy Framework.²

The Task Force was grateful to meet with Aboriginal people throughout the province to discuss the impact of crystal meth on their communities. Members of First Nations and Métis communities, leaders, elders, youth, men and women, academics and researchers shared their knowledge and observations. They offered holistic solutions, and pointed to a more hopeful future through relationship building, respectful partnerships at the community level, laws and policies that put community wellness and safety first, and healing programs and services that focus broadly on youth, families, elders and the community. The protection of elders and vulnerable families was identified as very important. Ms. Susan Aglukark, renowned Inuu singer and role model, together with a remarkable team of Alberta youth, helped us gather information at a number of community meetings.



MEDICINE WHEEL

Aboriginal people told the Task Force their communities were vulnerable to the devastating effects of crystal meth and other drugs because of geographic and social isolation, lack of economic opportunities, the loss of culture, identity and language that resulted from historic policies of assimilation, and federal laws that fail to adequately protect First Nation lands and communities. Aboriginal community members spoke eloquently about the harm of drug pushers and gangs in their communities, drug abuse and addiction, and violence and harm to families today

and for the future. Evidence from the United States also suggests that Aboriginal communities are being specifically targeted by purveyors of drugs. We need to prevent that from happening in Alberta.

They were hopeful that stronger laws and law enforcement, community-based partnerships, and holistic healing approaches could help protect communities from the ravages of crystal meth. Information sharing, prevention and education programs, youth leadership development, and holistic healing programs were seen as key factors in this process. Holistic healing programs would recognize that healing is a long-term process that occurs in stages and should focus on the individual, the family, and the community.

We were reminded that Aboriginal people and communities have been leaders in developing Alberta's award-winning Youth Justice Committees that now extend to non-Aboriginal communities throughout the province. These Committees place a high value on accepting responsibility for one's own behavior, protecting elders and the community, and helping young people and their families to be strong community members. Some felt that Aboriginal holistic healing approaches to crystal meth abuse and addiction, as expressed on a medicine wheel, could work well for all communities. The medicine wheel's strong circle links future generations to past generations and seeks balance among the four directions in healing and maintaining physical, mental, emotional, and spiritual health. It focuses on honour and respect for yourself, all your relations, the community's culture and traditions, and Mother Earth.

"I am a Métis woman and a parent. Right now I am in a custody fight for my children's safety from the drug world. Their father is a convicted dealer. I am hoping that the Task Force will focus not only on the devastation crystal meth causes in families but the damage any illegal drug can do, too."

– participant in consultations

2. Strengthening Relationships, Alberta's Aboriginal Policy Framework (September 2002)



TAKING
COMPREHENSIVE
ACTION

ALL OF THE INFORMATION, advice and ideas the Task Force heard and learned during our consultations have helped guide our recommendations and our determination to fight back against crystal meth.

Our recommendations are comprehensive and reflect the three key themes identified through our consultations. It will come as no surprise to those involved in addressing this issue that there are no quick and easy solutions. The problem can't be solved just by treating those who are addicted to crystal meth or putting more drug dealers in jail. It's going to take a combination of those actions plus a strong emphasis on prevention, active involvement of community members and industry leaders, better coordination of services, more research, and most of all, a determined commitment by all Albertans to fight back and completely eliminate the growing problems caused by crystal meth.

Our recommendations are grouped into the following categories:

- ☐ TAKING A PROVINCE-WIDE APPROACH
- ☐ PREVENTION
- ☐ HEALING AND TREATMENT
- ☐ GETTING TOUGH
- ☐ SUPPORTING ABORIGINAL COMMUNITIES
- ☐ IMPROVING SERVICES AND ASSESSING RESULTS

TAKING A PROVINCE-WIDE APPROACH

The Task Force believes that a province-wide approach is required, supported by a targeted pool of funds and with clear accountability for how those funds are allocated and the results they achieve. It's only through a province-wide commitment that we can engage Albertans in the fight against crystal meth and achieve positive results in every part of the province.

COMBINED FUNDING FOR CRYSTAL METH COMMITMENTS

1. The Government of Alberta should create a fund that pools resources for the development of programs to reduce and eliminate the use and abuse of crystal meth. The fund would be accessed by communities, police, service providers and others, and distributed by the implementation team.

Many different government departments must assume a leadership role on the issue of crystal meth, and many more community service providers, service groups, agencies and institutions can directly contribute to the solutions. As the various government departments, groups and agencies seek funding to support the prevention and healing efforts outlined in this report, the Task Force wants to ensure that all funding is efficiently and effectively allocated and directed to priority areas and solutions. Creating a pool of funds, overseen by an implementation team, is similar to the Student Health Initiative Partnership (SHIP) funding model. This pool of funding will help to eliminate the silos that can often occur within government and elsewhere when funding is available within a single department or agency. We expect that the model will encourage active partnerships and creative, solutions-driven thinking.

CRYSTAL METH TASK FORCE IMPLEMENTATION TEAM

2. The Government of Alberta should establish an implementation team to provide advice, direction and control of the fund and ensure timely implementation of the recommendations contained within this report.

While the mandate for the Task Force ends with this report, the work must continue so there is a strong voice for the issues and to make sure the recommendations outlined in this report are implemented on a timely basis. The implementation team can act as an ongoing advocate for action on the crystal meth issue. Most importantly, the team will be tasked with oversight and management of the fund created in Recommendation 1.

ACCOUNTABILITY FOR ACTION ON RECOMMENDATIONS

3. The Auditor General of Alberta should review the performance and actions of government departments, agencies and the implementation team in addressing the crystal meth problem.

Alberta's Auditor General provides tremendous oversight and scrutiny of all government related activities and departments, ensuring the most effective and efficient use of taxpayer's funds. The Auditor General's office should focus on the performance of the provincial government, related agencies and the implementation team relating to the issue of crystal meth and the implementation of the recommendations in this report. As a result, Alberta's young people, families, addictions workers, police officers and others can be assured that action on this issue will certainly occur.

PREVENTION

As noted earlier in our report, prevention holds the best hope for the future. The emphasis on prevention is at the core of our recommendations because it's the only way we can build long-term solutions to address not only the problem with crystal meth today but to prepare us and our children and youth for the next big synthetic drug of the future. It's an ongoing battle and we need to arm our children and youth with the skills to fight back and win.

DRUG EDUCATION

4. Prevention programs should be developed and implemented in all urban and rural communities through partnerships with not-for-profit organizations, municipalities, Regional Health Authorities, school jurisdictions and agencies such as AADAC.

To be truly effective in the fight against crystal meth, preventative education efforts must occur in every community. AADAC is active in many Alberta communities, while the Regional Health Authorities have the infrastructure and opportunity to reach nearly every Albertan at some point in their life. Municipalities and school jurisdictions should also be involved. All programs delivered by these organizations and agencies should be evaluated to assess their effectiveness and ensure accountability for the funds used. In partnership with communities across Alberta, these groups could launch a very effective preventative strike against meth and other drugs in our province.

INCREASED HEALTH CARE SERVICE CAPACITY

5. Regional Health Authorities should be funded to increase walk-in capacity for prevention support, addictions services, and mental health counseling and ensure that it is more accessible to youth and young adults..

Regional Health Authorities (RHAs) have operations in nearly every community in Alberta. The youth we spoke to said they needed more outlets and places to turn when they were in need of help or support. Urban and rural RHAs must reposition their existing infrastructure and resources or create new facilities to effectively deliver treatment and support for youth and street youth who are ready to seek support and create a drug-free life.

SAFE AND CARING SCHOOLS

6. Alberta Education should develop appropriate curriculum and resources to support school jurisdictions in fulfilling their responsibility to ensure that all schools are safe and caring places for children.

A safe and caring school environment should be one that is free of drugs and any other addictive substance. The Task Force encourages Alberta Education to continue to support the objective of making our schools and learning centres safe and caring places, where our children can learn, grow and be free of the pressures and dangers of crystal meth and other drugs.

ENHANCING THE CAREER AND LIFE MANAGEMENT PROGRAM

7. School jurisdictions should enhance the delivery of the drug education component of the Career and Life Management (CALM) program by including guest speakers who are experienced with meth and other drugs such as former users, other youth, law enforcement, those involved with youth theatre, health providers and others. Parents should also be encouraged to join in a school-based CALM session on drugs.

The CALM program is the required course for all grade 11 students. It focuses on career and life skills that students will need throughout their lives. The CALM program is one of the few curriculum-based ways in which Alberta's students are educated about drugs. The Task Force has witnessed the value of learning from people experienced with drugs. Youth have indicated that when the message is delivered from someone experienced with meth and drugs, it is more believable, credible and powerful as a preventative measure. By enhancing the CALM curriculum with this real-world perspective, we can broaden our youth's education and hopefully their perspective on drugs.

RECREATIONAL AND CULTURAL OPPORTUNITIES FOR YOUTH

8. Alberta Children's Services, Health and Wellness, Municipal Affairs and Community Development should work in partnership with municipalities and the private sector to provide accessible and affordable recreational and cultural opportunities for youth in their communities.

The Task Force learned from Dr. Fraser Mustard, an early childhood development expert, that if we provide a child with at least one recreational opportunity, we can effectively reduce the possibility of their future drug use by up to 80 per cent. In communities like Hinton and Drayton Valley, where meth's impact hit hard, we heard a similar message. Creating and engaging youth in recreational opportunities was central to their success in reducing the onslaught of crystal meth in their communities. We need to create places for youth to go – skate parks, Boys and Girls clubs, basketball courts, art classes and music sessions. These activities can take place in brand new facilities or in existing locations such as gymnasiums and community centres. With these opportunities in place, boredom among youth can be replaced with positive educational and social activities and we can reduce the window of opportunity for drugs in a child's life.

WEBSITE PREVENTION STRATEGIES

9. AADAC should use Internet sites that are popular with youth and young adults to share drug information and provide prevention messages.

The Task Force heard that youth are learning about, and often gaining access to drugs, through popular Internet sites. AADAC needs to capitalize on these already highly frequented sites as a part of its overall education strategy for youth, by infiltrating these sites as a user and sending accurate and factual drug information to counteract much of the misinformation that exists through current messaging.

IDENTIFYING AT-RISK CHILDREN

10. Alberta Children's Services, Alberta Education and Alberta Health and Wellness, in partnership with Alberta school boards and school superintendents, day care providers, and preschools, should develop a protocol to identify at-risk children, beginning at an early age (zero to six years), to increase their resiliency, and reduce risk for drug use and abuse.

Healthy development in the early years of life has a major effect on a person's physical and mental health and behaviors in later life. By building strong developmental assets in children and giving them the skills, values and self-esteem to guide their physical, mental and emotional growth, we can help build strong, capable and healthy youth and young adults. In doing so, we protect children against the dangers and pressures, including drug-related dangers, that they will encounter as they grow older. At-risk children require extra care and attention at an early age, and our health care and school systems need to collaborate in an effort to effectively identify these students when they first enter the school system, or sooner. Working in conjunction with existing programs such as Parent Link and Early Childhood Development Centers, partners can work with at-risk families and children to introduce measures and behaviors that are critical in the prevention of addictions later in life.

11. Regional Health Authorities should establish a clear role for community public health nurses and other health professionals in identifying, working with, and supporting at-risk families.

Public health nurses are well accepted in the community. They visit new moms when they return home with a newborn and connect with families through the early years of a child's life. These nurses and other health professionals such as pharmacists and physicians need to take responsibility for identifying and supporting at-risk families. These frontline health care workers can be our first line of defense in identifying those most in need. They also have the ability to deliver a prevention message to every family and child they work with on an ongoing basis.

SCHOOL ADDICTION COUNSELORS

12. The Government of Alberta should provide ongoing funding to Health and Wellness for the development of partnerships with AADAC, Regional Health Authorities (mental health), and school boards to enhance access to addictions counselors in all junior and senior high schools in Alberta.

Providing students with greater access to drug education and counseling is a high priority of this Task Force. We must provide all students with access to counselors who understand the pressures young people are facing, particularly if they are involved with drugs and addictions. If students are expected to respond to our support and guidance, they need to feel that drug information and the opportunity for dialogue are readily available. Improved access to social workers, addictions counselors and clinical psychologists in junior and senior high schools will provide youth with the supportive and preventative environment that this Task Force envisions.

PARTICIPATION OF SCHOOL BOARDS AND EDUCATORS

13. Alberta Education should work with school boards and provide the necessary support and resources to ensure that schools and school jurisdictions have up-to-date information and effective policies on crystal meth and other substances.

Our schools need to have the most up-to-date information, support and resources available on drugs and the pressures that are impacting our youth and young adults. Alberta Education needs to ensure that our schools have the capacity to stay current, so that schools and teachers can provide the support, education and information required by students today.

14. Alberta Education should continue to support the involvement of school jurisdictions as members of community drug task forces and community drug prevention initiatives to address drug abuse and other youth issues.

Community drug task forces are critical prevention measures in many Alberta communities because of the strong collection of leaders and partners involved. Our Task Force witnessed the value of having teachers and school officials involved in community drug task forces. Educators are able to build a strong connection back to the youth, ensure the work is focused on education, and help build the capacity within our schools to better support their students. In the past, school jurisdictions and schools have been left to independently manage and support drug task force volunteer involvement. We believe Alberta Education must encourage and support this participation for the betterment of our education system, our communities and the lives of our young people.

MENTORSHIP FOR ALL CHILDREN

15. The Government of Alberta, in partnership with communities, should support existing mentorship programs to help develop strong and positive skills in our youth.

Many of the child development experts with whom the Task Force consulted, highlighted the need for all children to have a positive, safe, adult influence and mentor in their lives. When children feel there is a caring adult watching out for them, they tend to make more positive choices and decisions. There are many existing mentorship programs that do a commendable job of working with youth at risk. These programs and others need to be encouraged and recognized for the preventative role they play in discouraging the use and abuse of crystal meth and other drugs. Steps also need to be taken to provide information and support to families, caregivers, foster parents, and caregivers in group homes.

16. The Government of Alberta, in partnership with communities, should develop a mentorship program for drug-endangered children.

The Task Force had the opportunity to learn from Dr. Kitty Freier, a leading expert in child drug endangerment. Dr. Freier praised Alberta's recent efforts to protect drug-endangered children from their abusive homes, but challenged our province to not just think about these children in their moment of vulnerability, but also to look ahead and create a path where they are supported and can become resilient citizens in the future. She suggested that our communities step up and redirect these children from a negative life path to a positive one. While there are many ways to make this happen, one highly effective method is to begin building human connections to these high-risk children. To truly foster prevention, our communities need to monitor these children, support them, and build relationships through adult mentorship programs to help these children see that they can have a different life.

17. AADAC should enhance treatment protocols to encourage mentoring programs with coaches and sponsors which support drug users through the entire treatment and after care process.

AADAC has effectively used mentorship in their addictions counseling and treatment for some time. By mentoring youth and adults with drug addictions, directly with counseling staff and indirectly through the use of outside support groups like Nicotine Anonymous or Alcoholics Anonymous, mentorship has been critical to the treatment and after care process. This work must be continued and enhanced, particularly for youth and adults without a supportive network of family and friends.

OUTREACH SUPPORT FOR STREET YOUTH

18. Alberta Health and Wellness, through AADAC and in partnership with industry and non-profit outreach service agencies, should increase the number of mobile workers to support high-risk street youth in need.

Street youth addicted to drugs are a difficult but important population to reach. Many of the young people that live on the street have serious mental and physical health issues that are concurrent with their drug addictions. Just because these youth may live on the margins of society does not mean that our society should not support them. These youth and young adults have difficulty accessing services because of limited transportation and the stigma they face in approaching recognized health care and addictions treatment institutions. We need to be more effective in reaching out to them with increased services and support that are accessible and flexible to meet their treatment and health needs while they're on the street.

SOCIAL MARKETING AWARENESS CAMPAIGN

19. Alberta Health and Wellness, through AADAC, should lead the development of a social marketing campaign, in partnership with industry, community and government, to discourage crystal meth use across Alberta.

While there is a difference of opinion on what type of campaign delivers the most effective impact and results in changes in behaviour, there was strong consensus among all stakeholders on the need for an awareness campaign on crystal meth. While youth must be the primary audience for this awareness campaign, parents, adults, employees, Aboriginal people and the gay/lesbian community are all secondary audiences. The campaign should include a range of marketing tactics from advertising to public relations to ensure the broadest dissemination and credibility of the messages. It is also critical to ensure the campaign reflects the input and ideas of youth and targets youth in both urban and rural centres.

EMPLOYEE DRUG EDUCATION AND TRAINING

20. Alberta Advanced Education should work with post-secondary institutions to provide drug and addictions education to people taking upgrading, additional training, and professional development programs.

Industry stakeholders expressed the overwhelming need for employee education on drugs and addictions. While a great deal of this education is left to individual organizations, many industries and professions require their employees to continually upgrade their skills or obtain further training at one of Alberta's post secondary institutions. The Task Force wants to see drug and addictions training included in all professional development upgrading and training sessions, at post-secondary institutions. Additionally, where possible, peer education with recovered addicts and those experienced with meth and other drugs should be included to highlight the safety, productivity and personal reasons why drugs have no place in the workplace.

ORGANIZATIONAL LEADERSHIP IN DRUG EDUCATION AND SUPPORTS

21. Alberta Human Resources and Employment should require all Alberta employers, through their workplace safety policies, to adopt a drug and alcohol policy that fosters drug-free Alberta workplaces and worksites. They should also encourage employers to support drug education and prevention programs and employee self-referral programs for addictions treatment.

Alberta employers should have workplace drug policies that emphasize education, prevention and the maintenance of meth and drug-free work sites. Alberta Human Resources and Employment can encourage and support companies in the development of these policies by helping organizations send a clear message to employees that drugs will not be tolerated in the workplace. The motivation for employers is a more productive workforce and improved employee retention. Additionally, Human Resources and Employment can give guidance to organizations that want to build stronger and more supportive education and benefit models for their employees, including an employee self-referral program to encourage treatment and healing for employees who have drug addictions.

MOBILIZING COMMUNITIES AGAINST DRUGS

22. The Government of Alberta should encourage all communities to make the issue of meth and drug prevention a priority and to share best practices, knowledge and resources with one another.

Because many communities, most notably Drayton Valley and Camrose, have mounted an attack against meth, there are already best practices, tested resources, and a great deal of knowledge to be shared. Preventing the use of meth and other drugs must be a community issue. The Task Force wants all communities to make drug prevention a priority by coming together to learn from one another and launch a prevention effort against meth and other drugs before they strike. Our communities can best be organized and supported through local drug task forces and drug strategies.

SUPPORT FOR MUNICIPAL DRUG PREVENTION AND COORDINATION

23. The Government of Alberta should increase funding for municipalities to enhance community drug prevention, coordination and awareness programming.

When meth and other dangerous drugs strike at the heart of a community, the coordination and cost of the fight is often left up to the community and municipality, and those costs can come at the expense of other community priorities and initiatives. Municipalities need increased funding strictly for the purpose of community drug prevention and drug awareness. Their annual budgets should outline how this money will be spent. For example, this funding could help support a municipally-based coordinator to organize community drug prevention efforts (as was the case in Camrose) or it could support increased enforcement efforts, freeing up resources for other community priorities (as we heard in Hinton). Most importantly, the funding must support the creation of community partnerships. Stakeholders need to work together so that AADAC, regional health authorities, local drug task forces, schools and school jurisdictions, and others join the municipality in an effort to prevent crystal meth abuse in their communities.

24. Alberta Health and Wellness should establish a team of community, agency, public and private sector stakeholders to develop, deliver, and promote a web-based community mobilization tool kit for use in initiating a charge against drugs in communities.

The community mobilization tool kit should reflect all of the lessons, best practices and resources currently available in Alberta to help communities launch a preventative campaign against drugs. This tool kit must be a living, web-based kit that is easily accessible to communities and the public and that addresses the continuum of services and needs required by each community - from prevention to aftercare, from education to interagency and partner coordination. The tool kit could include education and awareness materials aimed at different audiences, best practices learned from communities who have been through the meth challenge, social marketing campaign materials, a listing of grants available to support further community prevention efforts, a directory of available detox, treatment and aftercare resources, human resource services available to local businesses and other useful supports and services. The Task Force understands that this tool kit cannot be a one-size-fits-all solution. It is not about creating a "canned" program for use by communities. It's about creating the means for each community to launch its own preventative strike against meth and other drugs.

LAW ENFORCEMENT AND EDUCATION

25. Alberta Solicitor General and Public Security should expand existing resources to provide additional law enforcement officers to deliver components of the curriculum-based drug education program from K – 12.

Experts in education and law enforcement, along with youth themselves, agree that there is significant value in involving law enforcement with the delivery of K-12 curriculum-based education programs. Police officers can most effectively address issues relating to drugs, gang participation and bullying. While nearly every police agency in Alberta is participating in a school drug education program, more officers need to be involved to provide a stronger, more consistent presence in schools. Rural, isolated and Aboriginal communities must also receive the benefit of having a positive, regular law enforcement presence in the school.

DEMAND REDUCTION

26. Alberta Solicitor General and Public Security should increase the number of demand reduction officers by 12 to work across the province with communities and local drug task forces on prevention issues and initiatives.

The demand reduction officers would not be focused on school education, but would instead help mobilize community drug prevention efforts. Demand officers could, for example, focus on a community's implementation of the drug-endangered children legislation, initiate community drug awareness and prevention mobilization, support industry education, and play other important roles to reduce the interest in and demand for meth and other drugs.

HEALING AND TREATMENT

The Task Force consistently heard there simply are not enough resources, facilities, trained people, and support for individuals and their families when they're faced with serious problems with addictions. Alberta can and must do better. No child, youth, adult or family member should be denied access to treatment when they need it because there isn't room or they can't afford it. This problem must be addressed and addressed on an urgent basis.

DETOXIFICATION

27. Alberta Health and Wellness should provide the necessary resources to add a minimum of 100 beds for detoxification services in urban and rural communities across Alberta.

Across the province, there is a critical shortage of detox beds, providing a safe place where drug users can go to get off of drugs for a period of five to 10 days. Additional detox facilities must be located in both major and smaller centers where they are required. There is an urgent need for detox beds both in and outside Edmonton and Calgary. The Task Force also heard about the need for detox facilities in communities such as St. Paul, High Level, Medicine Hat, Drayton Valley, Wetaskiwin, Fort McMurray, Grande Prairie, and other remote areas. The additional detox facilities should have the capacity to serve adults, youth and Aboriginal people, support a wide range of service providers, and ensure a continuum of care for users. Because there is a chronic shortage of beds, health professionals working in emergency rooms, outreach workers, police, parents and families, parole officers and corrections officers struggle with where to place drug users when they require detox.

TREATMENT AND SUPPORT

28. Alberta Health and Wellness should provide the necessary resources to add a minimum of 200 beds for treatment services in urban and rural communities across Alberta.

The number of treatment beds is not keeping up with the growing demand and the result is a critical shortage. Additional treatment beds are required to accommodate the increased volume of clients, to allow for longer stays required by meth users, and to provide beds specifically for young adults aged 18 to 29. Treatment facilities must be located in both major and smaller centres where there is demand and should serve children, youth, young adults, adults and Aboriginal people.

29. Alberta Health and Wellness should provide sufficient resources to establish young adult (ages 18 to 24) residential treatment programs to address this growing population and their unique addiction needs.

The young adult population is a difficult population to serve since they don't fit in with the over-30 year old crowd, nor do they mesh with children and youth under the age of 18. The Task Force heard this from young people themselves as well as service providers. In addition to addictions treatment, these young people may require education upgrading, life skills and career planning as part of their treatment and support process.

HEALTH CARE INTERVENTION WITH THOSE MOST AT RISK

30. Regional Health Authorities should establish an intervention role for all health care professionals who deal with at-risk individuals and families.

Health care professionals are in a unique position to have access to a large percentage of the population. Nurses who monitor new mothers and babies are able to identify at-risk individuals and to work closely with them. Trained health professionals who can identify meth users and are aware of where to turn for support may be able to intervene early and offer help to a meth user, rather than waiting for a problem or incident to arise.

SCHOOL POLICIES AND PROTOCOLS ON STUDENTS AND DRUGS

31. Alberta Education, in partnership with school boards and AADAC, should establish a provincial protocol requiring all youth caught with drugs in schools or under the influence of drugs to see an AADAC addictions counselor and attend AADAC information sessions.

The Task Force believes the best place to prevent and stop children and youth from getting involved with drugs is in school. Often, students who get caught with drugs in school the first time are suspended for up to five days and the second time, they are expelled. Expulsion results in students being transferred to another school to continue their education. This simply transfers the problem into someone else's hands. Requiring that students receive help to address their addiction is a critical step in ensuring these students remain in school. Counseling will assist students in addressing the root of their addiction and provide the necessary and ongoing support to treat the addiction. Parents of students using meth should also be encouraged to attend the counseling sessions.

FAMILY COUNSELING AND SUPPORT

32. Alberta Health and Wellness should enhance AADAC's efforts with families and parents to include community prevention initiatives and education and support activities.

AADAC is an excellent source of information and expertise on addictions. They can provide a wealth of valuable information from the indicators of someone using drugs to where a person can go for help. Parents and family members often feel helpless and uncertain of how best to help. They need access to information and support to help them cope with their loved one's addiction. AADAC requires additional resources to increase their support for parents and families as well as their support for first responders (i.e. police and emergency services) by providing them with the resources and understanding they need to deal with parents and families in crisis due to an addiction.

24-HOUR PHONE SUPPORT AND INFORMATION FOR FAMILIES IN NEED

33. Alberta Health and Wellness, working with the Regional Health Authorities and AADAC, should enhance the Health Link Line to provide 24-hour drug information and support to those in need.

AADAC currently provides counseling services to children, youth, young adults, parents, teachers and other service providers, yet still more can be done. Parents and families often reach a crisis with a user after business hours and need immediate access to information and support. Youth who are former drug users acknowledge that their parents and family members needed help to understand what was going on with them, how to help them, and how to cope. Often, parents feel they have nowhere to turn. A 24-hour support line, that is well-promoted in the community, would be a tremendous resource to parents and families.

CORRECTIONS ADDICTIONS COUNSELING

34. Alberta Health and Wellness should provide support for addictions counselors in provincial correctional facilities to ensure that all inmates with addictions receive addictions and mental health counseling and support while incarcerated and as a condition of their release.

The Task Force believes there should be zero tolerance for drugs within correctional facilities. Often crimes committed by drug users are related to their drug use. It seems only reasonable that inmates who have an addiction should receive addictions and mental health support while incarcerated and as a condition of their release to prevent further criminal behavior. Because people in jail can't be compelled to take these programs, judges should be encouraged to order this type of counseling as part of the sentence.

AFTER CARE

35. Alberta Health and Wellness should partner with treatment centers and the non-profit sector to deliver a 50% increase in the number of after care facilities.

After care is a critical component in the treatment cycle. In fact, some people argue that it is the most important step. After care provides a safe environment for those coming out of treatment to receive the necessary life skills training and transitional supports as they take steps to re-enter their community. These facilities must be located in both major and smaller centers and must support children, youth, young adults, adults and Aboriginal people. Additionally, all treatment centers must be required to develop and implement an after care plan with each client before their release. There may be potential to add on to existing facilities to increase after care services, but there clearly is a need for new facilities, particularly in rural areas.

GETTING TOUGH

A clear and consistent focus on prevention and better access to detox, treatment, after care and support are absolutely essential. But it's not enough. We have to get crystal meth off our streets and get tough on drug dealers and the people who manufacture crystal meth. We have to get tough in our policing, in the legal system, and in our courts. And we need to send a clear signal that Alberta won't stand by and let drugs take over our society and ruin the lives of more and more young people.

DRUG UNDERCOVER STREET TEAMS (DUST)

36. Alberta Solicitor General and Public Security should establish Drug Undercover Street Teams (DUST) in seven regions in the province to address the impact of methamphetamine and drugs in urban, rural and Aboriginal communities.

Existing law enforcement efforts are not sufficient to produce the dramatic results necessary to make a significant difference in the current drug supply in Alberta. DUST teams would work undercover, on a regional basis, to dismantle and disrupt those controlling the illicit drug trade. Currently, there is little or no capacity for this type of specialized work in most of the province. DUST teams and the investigative teams supporting them would conduct operations aimed at dismantling the criminal networks involved in drug distribution and investigate the ancillary crime associated with drugs.

DRUG INTERDICTION TEAMS

37. Alberta Solicitor General and Public Security, along with the federal government, should expand the "Jetway", Ports of Entry and highway interdiction program.

Enforcement and interdiction on provincial highways, at bus depots, train stations and airports, has proven to be a positive means of stopping what are known to be major drug transportation routes. This program targets transportation systems that are commonly used for transporting drugs. It has had significant success in the Calgary area since 1999, and needs to extend to other parts of the province as well.

POLICE CANINE PROGRAMS

38. Alberta Solicitor General and Public Security should expand the canine program and ensure it includes dedicated time for regular school visits throughout the province, to interact with, and educate our youth.

Canine teams are an important asset in the community with a solid track record of effectiveness in searching and locating drugs and acting as a deterrent to individuals who might otherwise challenge police. Drug dogs have been used in various education programs and have proven useful in breaking down barriers between children and the police, allowing for more effective reception of the message.

ANALYTICAL SUPPORT TO DRUG INTELLIGENCE TEAMS

39. Alberta Solicitor General and Public Security should increase support for analytical resources to drug intelligence teams.

Coordination of drug and gang investigations is more effective when it is supported by timely and robust intelligence. While a refocusing of existing operational intelligence members is part of the solution, an increase in analytical resources is required to provide the proper assessment of raw information to prosecute drug crimes. This ongoing support would also lead to greater technical expertise to meet the increasing sophistication and technology used by criminal networks.

OUTSTANDING WARRANTS

40. Alberta Solicitor General and Public Security should establish dedicated, integrated, province-wide teams to focus on gang and organized crime members with outstanding warrants for their arrest.

Many of the gang or organized crime members who control the drug distribution networks at all levels have outstanding warrants for their arrest. Of the over 132,000 current outstanding criminal warrants in Alberta, approximately 7,400 are for crimes of violence or significant drug offences.

DRUG ENFORCEMENT CAPACITY FOR COMMUNITIES

41. Alberta Solicitor General and Public Security should add to the General Investigative Section (GIS) capacity across all police forces, ensuring officers are located in smaller and larger centers across Alberta to investigate and coordinate drug investigations and prepare operational plans for undercover operations.

In nearly every community we visited or heard from, the need for greater General Investigative Section (GIS) officers was a recurring theme. In Drayton Valley, adding increased GIS support to their local detachment was an important part of their fight against meth. This increased capacity, and the resulting province-wide ability for officers to share intelligence between communities, will be key in the prevention of meth and other synthetic drugs in Alberta.

TACTICAL SUPPORT FOR DRUG INVESTIGATIONS AND OUR COMMUNITIES

42. Alberta Solicitor General and Public Security should create full-time Emergency Response Teams/Tactical Teams in Edmonton, Red Deer and Calgary to serve and protect the province and support entries on all drug search warrants.

Given the increasing level of violence and danger associated with drug trafficking and production, high-level tactical support is needed for drug search warrants and interdiction. By moving the Emergency Response Teams (ERT) located in Edmonton, Calgary and Red Deer from part time to full time, they will be more able and available to support drug investigations and community safety in all parts of Alberta, on a moment's notice.

DRUG PARAPHERNALIA AND DRUG TESTING AVERSION BUSINESSES

43. Municipal governments should neither permit nor renew licenses to businesses that sell criminal drug paraphernalia and/or sell equipment to avoid positive drug testing.

The sale of criminal drug paraphernalia sends conflicting messages to our youth. Many youth told us they receive mixed messages when they are told drugs are bad, yet everything they need to do drugs is sold at the local mall. By permitting these businesses to actively sell criminal drug paraphernalia, we defeat the preventative message reinforced by parents, schools, law enforcement and the broader community. Our community must send consistent messages on our intolerance for drugs and drug use by discouraging or prohibiting the establishment of stores or businesses that sell products for drug use and/or equipment to help users avoid positive drug detection.

PRECURSOR CONTROL

44. Alberta Health and Wellness should place drug products containing ephedrine as a single active ingredient in Schedule 2 and those containing either pseudoephedrine or ephedrine in combination with other active ingredients in Schedule 3 of the Scheduled Drugs Regulation.

Ephedrine is an active ingredient used in the production of crystal meth. By making these changes to the Scheduled Drugs Regulation, drugs with ephedrine would be sold only in pharmacies and they would be kept behind the counter.

RURAL-BASED PRECURSOR EDUCATION AND THEFT CONTROL

45. Alberta Agriculture, Food and Rural Development, in partnership with local communities and Agriculture Service Boards, should provide educational materials for producers and ranchers on how to securely store precursor chemicals and fuels on their property and establish a network to monitor chemical thefts from farm operations.

In our view, the primary agriculture industry is largely unaware that many of the chemicals and fuels used and stored on farms and agriculture properties are being stolen and used as precursor chemicals for crystal meth production. On farms, these chemicals and fuels are often not well monitored or secured, providing meth producers with relatively easy access to some of the main ingredients they require for methamphetamine production. More education and information must be provided to the agriculture community on the best way to securely store these chemicals and why it is so important.

DRUG-ENDANGERED CHILDREN

46. The Federal Government should amend the criminal code to recognize child drug endangerment as a criminal code offence.

Children are in danger when people use, produce and sell drugs in their presence. It often causes them significant physical, mental and emotional harm. The Alberta government has implemented the Protection of Children Abusing Drugs (PChAD) Act, which provides children under the age of 18 with up to five days in a protective safe house. They are provided with detoxification and assessment of their possible use of alcohol and other drugs. This is just one measure to protect these children from further harm. Recognizing child drug endangerment as a criminal code offence would mean tougher sentences for persons responsible for the child's care.

COMMUNITY-BASED DRUG COURTS

47. Local drug treatment courts should be developed and modeled after the Alexis Court and the Edmonton Drug Treatment Court to address drug crimes and addictions issues in communities.

It is well recognized in the community that, in the absence of treatment or rehabilitation, drug abusers and traffickers will return to destructive lifestyles and continued criminal activity. The Alexis Court and Edmonton Drug Court are examples of innovative partnerships among the criminal justice system, drug addiction treatment services, and the community to help break the addiction and criminal cycle. They offer therapeutic and restorative justice which focuses on rehabilitation and accountability for one's actions. Local drug treatment courts would provide an opportunity for communities to be more actively involved in developing solutions that match their needs and the needs of the individuals involved.

YOUNG OFFENDERS TREATMENT

48. The Government of Canada should amend the Criminal Code so young persons accused of a crystal meth or any other drug offense are not diverted to alternative measures, and if they are convicted, they are sentenced to a secure custody facility where they can receive addictions and mental health counseling.

Youth, prosecutors and police confirm that crystal meth users, dealers and traffickers are often not deterred by the current judicial system. In particular, when youth are diverted from the court system and are required instead to do something less punitive than jail, such as community service, they are not sufficiently deterred from returning to a life of drugs and crime. In addition, diversion methods do not require a young person to receive addictions and mental health counseling, and that allows the cycle of drug abuse and criminal behavior to continue. Clearly, the price to be paid by drug offenders is not high enough.

PENALTIES FOR MANUFACTURING, POSSESSING, TRAFFICKING AND USE OF CRYSTAL METH

49. The Government of Canada should amend the Youth Criminal Justice Act, the Criminal Code of Canada, and laws that govern bail and judicial interim release to make the manufacture, possession, trafficking and use of crystal meth or any other dangerous drug a serious violent offence that warrants incarceration before trial and upon conviction for each and every charge.

Drugs such as crystal meth are a serious threat to family and community safety and should be viewed that way under the law. Anyone charged with an offence that involves crystal meth or any other dangerous drug, whether they are youths or adults, should be brought to trial to face those charges, and if they are convicted, they should be given a custodial sentence followed by intensive court-supervised probation that includes addictions counseling.

DRUG TESTING ORDERS

50. Alberta Solicitor General and Public Security should require drug testing for all court ordered, no drug use orders and partner with Regional Health Authorities to provide probation officers with timely access to drug testing and results.

Probation officers are responsible for enforcing court orders. Often, a court order involves no drug use; however, without testing, it is very difficult for probation officers to know, without doubt, whether or not a client is using drugs. Drug testing orders would provide probation officers with a tool to help fulfill their duties.

INCREASED PROBATION OFFICERS

51. The number of probation officers in urban and rural communities should be increased in order to deliver manageable client loads, improve officer safety, and increase their ability to address the needs of their clients and the directive of the Court.

Probation officers play a critical role in the criminal justice system, in communities, and in the addictions treatment and healing process. The number of probation officers has not increased in proportion to the increase in case volume. In addition, crystal meth clients are often more time consuming because their issues are complex and involve increased safety risks to the officers.

FEDERAL PROSECUTION

52. The Government of Canada should deem drug trafficking to be a serious violent crime, which means anyone accused of drug trafficking cannot be subject to diversion nor be eligible for a conditional sentence.

Deeming drug trafficking as a serious crime will ensure that those who commit drug crimes will not be diverted to a lesser punishment of community service and will no longer serve only one-sixth of their sentence.

53. The Government of Alberta should take over prosecutions of federal drug offenses under the Controlled Drugs and Substances Act with the requisite transfer of federal funding.

The Task Force met with provincial prosecutors and police and heard a degree of frustration regarding the handling of cases by federal prosecutors. Current federal prosecution practices do not reflect the standards and expectations for prosecutions in our community and do not ensure that drugs are addressed as a crime affecting people, not just as a crime affecting property. The Task Force believes that drug charges and crimes should be vigorously prosecuted. Without an increase in the number of federal prosecutors and additional attention and resources added, federal prosecutors cannot fulfill their duty to prosecute federal drug offences in Alberta, and therefore, the Task Force feels it is better for the provincial government to handle these prosecutions.

INFORMATION SHARING

54. Provincial and federal privacy legislation should be amended to allow for the free flow of information to police and first responders where meth-related criminal activity is believed to be occurring and where public and community safety is at risk.

Police and first responders have difficulty accessing information that may be either useful or highly necessary to pursue a case. That could include information such as whether a residence is experiencing extremely high electricity consumption, which could corroborate a lead on a meth lab located in a residential area.

55. Privacy legislation and all other related legislation should be amended to enable and ensure the sharing of information among government and law enforcement agencies on the traffic and movement of products and precursors used in meth and drug production.

Law enforcement agencies do not have access to pertinent and often critical information relative to the movement of precursor chemicals coming into Alberta and moving within the province. Removing legislative barriers will increase interagency cooperation and ensure law enforcement has the necessary tools to get tough on drug producers and traffickers.

56. The Government of Canada should add a line to all Health Canada import/export forms stating that: "Information may be shared with other approved agencies." This would allow Health Canada to share the information with law enforcement and customs agencies in cases involving crystal meth.

A Health Canada form must be completed by anyone wishing to ship restricted products including chemicals that may be used as precursors to crystal meth. A signed form provides consent for personal information to be shared with other agencies listed on the form. Law enforcement agencies should be included on the list to provide an additional tool to help them pursue drug producers and traffickers.

57. Privacy legislation and health information legislation should be amended to enable first responders, health professionals, social workers, probation officers, addictions workers, and school officials to share information for the protection of children at risk.

Children at risk can be better protected when all service providers are able to work together more efficiently through the sharing of relevant information.

58. All police forces in Alberta should operate on a common information management system so they can share information, data and trends.

Currently, police forces across the province collect data differently with respect to drug users, traffickers and producers. Their methods and the type of information gathered are not consistent and this makes it extremely difficult to compare and combine data. A common information management system would improve capacity to monitor trends and data, leading to better deployment of police resources throughout Alberta.

JUSTICE SOCIAL POLICY SESSIONS

59. The Chief Justices for the Queen's Bench and the Provincial Court should hold social policy sessions on crystal meth and other drugs and related issues to enable judges to remain up to date on the latest trends, statistics and issues surrounding drug crimes, culture and treatment.

60. Alberta Justice should hold social policy sessions on crystal meth and other drug education and related issues to enable prosecutors to remain up to date on the latest trends, statistics and issues surrounding drug crimes, culture and treatment.

The drug scene is constantly changing. Crystal meth is prevalent today, but there will, most certainly, be a new drug in the future. Ongoing professional development will assist the judiciary and prosecutors to remain up to date on the latest trends and issues surrounding drug culture, crimes and available treatments.

INTENT TO PRODUCE

61. The Government of Canada should enact and/or amend legislation that places a reverse onus on the accused, requiring them to prove that the possession of precursors was for a purpose other than meth production.

Drug production and trafficking are serious and violent offences and the Task Force believes the judicial system should be tougher with people who commit these crimes. Police and customs agents confirmed that there is no reason why anyone would possess large quantities of precursors to meth unless they had the intent to produce meth. Reverse onus is in place today in Australia and the United States. The result is a great number of convictions for these crimes and a stronger deterrent for producers. This same standard of law needs to be brought to Canada.

62. The Government of Alberta should enact and proclaim legislation that would enable civil remedies with respect to the proceeds of crime, including provisions for the seizure and forfeiture of assets and property to the Crown that are, on balance of probabilities, the proceeds of crime.

Currently, the only means of seizing assets and removing the profitability of criminal enterprises is through a criminal prosecution. With this proposed change in legislation, the proceeds of crime will be forfeited to the Crown and criminal enterprises would be denied the opportunity to profit from selling drugs and other criminal activity. Based on the civil law principles of the balance of probabilities, these actions could be taken whether or not criminal charges are laid. This would be a valuable tool in removing the profitability of crime and protecting our children and communities.

CLASS A PRECURSOR LICENSE

63. Health Canada should require stricter guidelines for eligibility of a Class A Precursor License including the following requirements:

- A detailed account of the intended use for precursor chemicals to clearly demonstrate a legitimate purpose
- A site inspection prior to a license being granted to ensure there is a secure safe room for storage
- Regular inspections to ensure secure storage
- Report all subsequent sales of precursor chemicals to Health Canada immediately upon transaction.

Under the current regulations, it is too easy to receive a Class A Precursor License, allowing a business or individual to possess the chemicals that are used in the production of methamphetamine. The increased reporting and improved enforcement and inspection envisioned by this recommendation would bring Canada in line with regulations in the U.S. and ensure that those with illegitimate uses for these chemicals will now face greater scrutiny.

METH PRECURSOR DESTRUCTION

64. Health Canada should assume responsibility for the costs associated with the storage and destruction of all crystal meth products, precursor chemicals and waste from clandestine labs in a timely manner.

Health Canada is currently responsible only for the storage and destruction of meth but not its precursors, leaving police detachments to shoulder the responsibility and cost of precursor storage and destruction and diverting police resources away from more critical initiatives and priorities. Health Canada is responsible for all other aspects of precursor control and by adding this additional responsibility, greater clarity and focus will be brought to the system.

CLEAN-UP OF CONTAMINATED METH LAB & SYNTHETIC DRUG SITES

65. Alberta Environment should review guidelines and standards for the clean up, remediation and liability of all methamphetamine and synthetic drug production sites to assign responsibility for clean-up costs to a responsible party and the landowner.

Currently, there are no guidelines or standards in place to govern the clean up of a methamphetamine or synthetic drug production site. It is also not clear who should pay for the resulting costs. There also is a lack of certainty in the assessment of liability and responsibility and the environmental standards for remediation and clean-up. By enacting guidelines and standards for the clean up of methamphetamine and synthetic drug production lab sites, we can prevent further damage and degradation to Alberta's environment. As noted earlier in this report, Alberta Environment is taking steps to include wastes from illegal drugs as hazardous substances under the Environmental Protection and Enhancement Act.

66. The Government of Canada should enact legislation to enable remediation of drug sites on reserve lands.

As we enforce guidelines and standards for meth lab clean up on most lands in Alberta, we must also ensure that federal legislation and regulations are in place for cleaning up labs on reserve lands, with assurance that the same standards will be applied and the environment on reserve lands will be protected.

SUPPORTING ABORIGINAL COMMUNITIES

All of the recommendations included in our report will help support Aboriginal people and communities affected by crystal meth. But based on our consultations with Aboriginal people, a number of specific steps should be taken to respond to their unique needs, traditions, and circumstances.

PREVENTION SUPPORT

67. The Government of Alberta should work with the Government of Canada to ensure that Aboriginal children, youth and young people have access to any prevention, treatment, and healing programs it provides for crystal meth addiction.

The Government of Alberta, working with the Government of Canada, should endeavor to extend its prevention programs throughout the province to rural, remote, isolated and Aboriginal communities as well as urban centres.

ABORIGINAL YOUTH PREVENTION AND EDUCATION

68. The Government of Alberta should direct its departments that work with Aboriginal communities to build and implement drug prevention and education strategies for Aboriginal youth and young adults.

Aboriginal community-based prevention and education initiatives involve youth, build circles of support within and outside the community, and focus on crystal meth and other drugs. These initiatives require support from both the provincial and federal governments. Both governments should seek out and ensure that the voice of Aboriginal communities and youth concerning crystal meth is heard.

ABORIGINAL COMMUNITY MOBILIZATION

69. The Government of Alberta should support Aboriginal community mobilization initiatives that build strong relationships, promote safe and healthy families, and focus on helping children, youth and young people develop their full potential through a meth-free future.

Crystal meth and other drug-related issues are too large for Aboriginal communities to address without supportive circles and partnerships with neighboring communities and others. Promising practices indicate that local relationship building and action plans are a key to success, and that direct hands-on government support and resources can support community action plans to tackle crystal meth.

DETOXIFICATION, TREATMENT AND HEALING

70. The Government of Alberta should work with the Government of Canada to support Aboriginal communities that are committed to a meth free future by ensuring that they have access to existing Government of Alberta programs and services, including treatment, healing and after care programs and services, family and youth supports, and drug and crime prevention initiatives.

Aboriginal people who need treatment for crystal meth addiction should have access to a reasonable choice of holistic healing programs, whether those are provided on or off reserve lands. The Government of Canada should contract with the Government of Alberta for the delivery of reasonable access to treatment, healing and after care services that are provided across the province. For example, AADAC has developed protocols based on best practices to provide treatment and healing services to drug users. Aboriginal communities would also benefit from these guidelines.

71. The Government of Canada should rescind its policy of requiring Aboriginal people to return to their home reserve for treatment services. This would allow Aboriginal people to choose treatment where they want it while still receiving federal government financial support.

Currently, Aboriginal peoples are only entitled to services delivered on reserve. Aboriginal people are concerned that this Health Canada policy unduly limits access, and may be more focused on efficiencies than reasonable access, healing, recovery and successful return to the community.

72. The Government of Alberta, through AADAC, should establish after care facilities for Aboriginal youth and young people who are moving back to their community after treatment so they can receive the appropriate life skills training and support in an environment that is connected to their Aboriginal community and culture.

There is limited after care and transitional support available on reserve for Aboriginal people returning from detox or treatment. Health Canada should pay for and ensure that Aboriginal people have timely access to, and reasonable choice of, holistic drug addiction treatment, healing and after care programs whether on or off First Nations reserves.

IMPROVING SERVICES AND ASSESSING RESULTS

Throughout its consultations, the Task Force learned about a number of important steps the provincial government could take to improve services, provide better coordination and integration, ensure that high standards are met and positive results are achieved. The government can also play a lead role in encouraging Alberta to become a leading centre of research and ideas on how to fight and prevent the spread of crystal meth.

INTEGRATING SERVICES AND SUPPORT FOR CHILDREN, YOUTH AND FAMILIES

73. Alberta Health and Wellness should provide funding to fully implement *Building Capacity – A Framework for Serving Albertans Affected by Addiction and Mental Health Issues*.

The Framework requires that addiction and mental health service providers adopt a “shared care responsibility” to provide common case management and seamless service delivery, regardless of a client’s point of entry. Each program and each clinician will develop fundamental “concurrent disorder capability” through direct training of current staff, hiring of cross-trained staff, mentoring through techniques such as job shadowing and collaboration with another service provider. In addition, AADAC and mental health offices should develop close working relationships in the community field offices. These are all positive steps that would have direct benefits to individuals and families affected by crystal meth and other drug addictions.

SUPPORT TO DISTANT OR REMOTE COMMUNITIES

74. Regional Health Authorities should use telehealth to provide integrated addictions and mental health services to rural and remote communities, where in-person care and service delivery is not possible, and to share information within urban centres.

The Task Force traveled to numerous rural communities to consult with Albertans. We learned that drug use is by no means limited to urban centres. Yet mental health and addictions services are not readily available in rural and remote areas across the province. One way to bridge the gap is for regional health authorities to use technology such as telehealth to bring the necessary expertise and support to these communities.

COLLABORATION BETWEEN AADAC AND REGIONAL HEALTH AUTHORITIES

75. Health and Wellness should develop and implement an effective forum for ongoing communication and joint planning to ensure a coordinated and consistent approach to dealing with crystal meth and other drug addiction and health related issues in our communities.

There are many service providers across the province that are working hard to provide treatment and healing to Albertans in need. Alberta Health and Wellness can play a pivotal role in ensuring that information on drug trends, best practices and available services available is shared across the province. Information sharing is critical so all providers can benefit from the latest expertise and a coordinated and integrated approach to service delivery. Joint planning also serves to educate those communities that have not yet been exposed to drugs like crystal meth, so that they are prepared for it, if and when it does arrive.

76. Regional Health Authorities should develop and implement clear province-wide protocols, based on best practices, to address how patients who are high on meth or other drugs are managed within the hospital system.

Protocols for the treatment of crystal meth users are not consistently applied across the province. In fact, it is often the efforts of dedicated health professionals who work to find the right resources in addictions and mental health treatment that make sure individuals do not fall through the cracks. To ensure adherence to best practices and provide a continuum of care for meth users, regional health authorities should work together to develop and implement clear province-wide protocols.

PERFORMANCE EVALUATION AND MEASUREMENT

77. All provincially-funded addictions programs and services, from prevention through to aftercare, should develop, implement and annually report on performance measurements to allow government and Albertans to evaluate how these programs and systems are working and supporting people in need.

Performance evaluation and measurement is an area of great importance to the Task Force. All treatment programs, detox and after care facilities for children, youth and young adults that receive public funding should have strong performance measurement systems and evidence-based outcomes in place, to help measure success and ensure accountability.

ACCREDITATION FOR ADDICTIONS PROGRAMS AND SERVICES

78. Alberta Health and Wellness should examine the need for all provincially and privately funded, not-for-profit and for-profit addictions programs and service agencies to be addictions-accredited to ensure that there is adherence to standards and that the necessary funding and supports are provided.

Requiring all addictions service programs and services to be accredited would introduce a means of evaluating programs and services and demonstrate dedication to excellence among service providers. It would also provide government and the public with added confidence that the service environment is safe and the programs are of the highest quality. At the same time, it is important to recognize that accreditation has to be flexible enough to allow effective programs, including programs involving Aboriginal elders, to continue to operate.

HEALTHCARE PROFESSIONAL DEVELOPMENT ON ADDICTIONS

79. Alberta Health and Wellness and Alberta Advanced Education, in conjunction with professional colleges, implement an addiction and meth awareness, education and best practices program for health professionals, including those receiving training in a post-secondary institution.

The Task Force met many health professionals, including emergency physicians and registered nurses. These health professionals need to be aware of the latest drug trends and the need for a collaborative approach to treatment and healing. We were told that additional training on addictions and drugs, including meth, is required to ensure health professionals are equipped with the knowledge and best practices to treat drug users most effectively. A training program will ensure that no drug user leaves a medical facility without a collaborative treatment that includes addictions and mental health services.

80. AADAC should strengthen its speakers' bureau to include various groups and individuals (health professionals, addictions specialists, former users) to help spread the message among front-line professionals working in the health system.

AADAC's expertise in dealing with addiction was consistently acknowledged throughout our consultations; however, we also heard about the need to educate health professionals on drug trends, best treatment practices, and the services available for a drug user. The Task Force believes AADAC is in the best position to educate health professionals on an ongoing basis, to ensure they remain current on what drugs people are using, where to go for help, and the best treatment and healing practices.

RECRUITMENT AND RETENTION IN THE ADDICTIONS SERVICE SECTOR

81. Alberta Health and Wellness should increase funding to contracted agencies for staffing, specifically to increase salaries to ensure the addictions sector has the ability to recruit and retain qualified staff.

Due to the current labour market pressures, all service providers are having serious difficulty attracting and retaining qualified staff. It is particularly difficult to recruit staff willing to work shift hours, especially on evenings and weekends. The Task Force heard from virtually all service providers that the quantity as well as the quality of applicants has significantly decreased in recent years. Increased funding will assist service providers in their quest to attract and retain qualified staff.

EVALUATION AND RESEARCH

82. Alberta Health and Wellness should create a system for collecting data and information on drug and addictions trends in Alberta from treatment facilities, law enforcement, the criminal justice system, corrections, the education system, probations, health authorities and others.

Better data is absolutely essential to assess the effectiveness of current programs and services and to guide future decisions. The data would be aggregated and available online for all partners as well as the province's research institutions. It would support original research on issues relating to drugs, addictions and related health, criminal issues, and the societal impact of drugs. The province's research universities should be encouraged and supported to undertake original research in these areas.

A steering committee of committed agencies and partners should be formed to strategically plan and guide this collection and research planning effort, to ensure it delivers a strong information system and helps position Alberta as a research leader in the field of drugs and drug addictions.

83. The Alberta Heritage Foundation for Medical Research should undertake to establish Alberta as a leader in crystal meth research.

The Alberta Heritage Foundation for Medical Research (AHFMR) supports researchers who are dedicated to improving the health and quality of life of Albertans and people throughout the world. AHFMR is committed to funding health research based on international standards of excellence. The Task Force believes that AHFMR is a logical choice to build Alberta into a leader in crystal meth research.

CONCLUDING COMMENTS

Our vision is ambitious. From the beginning, we knew that it would take committed, passionate individuals to tackle this issue and find solutions. It will take even greater dedication to move this report and our recommendations beyond the words found on these pages.

We are confident that the recommended implementation team will bring these words to life, that our communities will mobilize in united action, and that our governments will do the right thing for people depending on them. We believe that all of the stakeholders will work together for the noblest of reasons. We have hope that Alberta's children and youth will have a meth-free future that is positive and full of opportunity.

Ultimately, we recognize that the outcome of this report and responsibility for implementing these important recommendations lie with each and every Albertan, because we all play a role in preventing the use and abuse of crystal meth and other drugs in our communities.

We encourage people to talk with their children about drugs and making choices, volunteer in their community, give their time and resources to less fortunate children and youth. Make certain that friends and loved ones understand the dangers of meth and drug use employers take a lead in educating their employees on the hazards of crystal meth and know where to turn for addictions support.

We all have a choice. We can and must choose to work together to actively prevent further abuse of crystal meth and other drugs in our province.

Premier's Task Force on Crystal Meth Terms of Reference

TASK FORCE PURPOSE

The purpose of the Crystal Methamphetamine Task Force is to provide recommendations for a province-wide holistic strategy addressing crystal and other forms of methamphetamine abuse and issues. Building on the work done by AADAC and other government departments, the Task Force will coordinate, review, advise and champion the development and implementation of a government and community based strategy to stop the supply and lessen the demand for crystal and other forms of methamphetamines.

The Task Force will pursue the following objectives:

1. Decrease capacity for the production and trafficking of crystal and other forms of methamphetamines through the use of greater deterrents.
2. Reduce demand of the drug by increasing awareness and education of its dangers and through a decreased availability and supply.
3. Improve capacity to treat and heal Albertans that use the drugs and support families and communities affected by the drug.

TASK FORCE VISION

An Alberta committed to eliminating the growing problems of crystal and other forms of methamphetamine abuse through prevention, awareness, treatment and healing.

TASK FORCE MISSION

Building on the strengths and capacity of our province, communities, families, and existing prevention, enforcement, treatment and healing resources, the Task Force will engage new stakeholders in mobilizing an Alberta strategy to address the supply and demand issues associated with crystal and other forms of methamphetamines.

The task force, utilizing input from communities and Albertans, will oversee a province-wide, holistic strategy to address the supply and demand dimensions of crystal and other forms of methamphetamines. The task force will provide leadership to ensure coordination, cooperation and maximum participation across governments, communities and all stakeholders.

The task force will engage and work with clusters of interested stakeholders in key areas including: youth and families, law enforcement and the judiciary, environmental protection, industry and business, Aboriginal people and communities, treatment and healing professions, and elected officials. The task force and its clusters will serve as provincial champions, acting as the visionaries and leaders in finding solutions to stop the abuse and negative impacts of these drugs on Alberta communities, families, young people, industry, workplaces, and our future.

TASK FORCE SCOPE

The Crystal Meth Task Force will research, consult and review the issues surrounding crystal meth and other forms of methamphetamines. The Task Force will review and consider information and ideas and deliver recommendations in the following areas:

- Production, including the precursors of production, drug labs, drug trafficking
- Law enforcement issues, including legislation, enforcement, justice and sentencing
- Environmental issues, including the protocols and guidelines for the clean-up and disposal of production labs
- Endangerment of children, including both children addicted to the drugs and indirectly impacted by the drugs through use by family and friends
- Fetal exposure, including the possible ramifications
- Impact of addiction on individuals, families, communities, business and industry, and the province and society as a whole
- Research and information, focusing on dissemination
- Building educational capacity, (through the education system, social marketing, peer education and other forms of education) to foster greater awareness of the drugs and their dangers
- Prevention of the spread and interest in the drugs with a focus on current and best methods
- Treatment and healing those addicted and affected by the drugs
- Coordination of initiatives and activities to date by various government departments, the Cross-Ministry Working Group on Methamphetamine, and AADAC
- Impact on the community and the resources required to mobilize and build community capacity
- Implementation of new legislation and regulations

MEMBERSHIP

Dr. Colleen Klein and Dr. Bob Westbury will serve as the co-chairs of the Task Force. The Membership consists of representation from key stakeholders and groups interested in and affected by the production and abuse of crystal and other forms of methamphetamines. The Members of the Task Force are as follows:

Robert Day,
Senior Vice President,
TransCanada Corporation

Don Falk,
Superintendent,
Red Deer Public Schools

Murray Finnerty,
CEO, AADAC

Mary Anne Jablonski,
MLA, Red Deer-North

Dan MacLennan,
President, Alberta Union of
Provincial Employees

Diana McQueen,
Mayor, Drayton Valley

Dr. Franco Pasutto,
Dean of Pharmacy,
University of Alberta

Staff Sergeant Ian Sanderson,
Drug Awareness Service,
'K' Division

Carol Secondiak,
Chair, Palliser Health Region

Bronwyn Shoush,
Director, Aboriginal Justice
Initiative, Solicitor General and
Public Security

Silvia Vijushi,
Executive Director, AADAC

The Task Force will act as a catalyst and conduit and will work with clusters of stakeholders from key stakeholder groups and interests. The clusters and their Task Force leaders are as follows:

Cluster Group	Task Force Leaders
Youth	Mary Anne Jablonski, Bronwyn Shoush, Don Falk, Diana McQueen, Colleen Klein, Silvia Vajushi
First Nations/Aboriginal	Bronwyn Shoush, Colleen Klein, Diana McQueen
Law Enforcement	Ian Sanderson, Mary Anne Jablonski, Bronwyn Shoush
Industry	Robert Day, Dan MacLennan, Ian Sanderson, Diana McQueen
Community	Diana McQueen, Don Falk, Dr. Franco Pasutto
Healing	Carol Secondiak, Murray Finnerty, Dr. Franco Pasutto

Leaders of each cluster serve on the task force and will lead interactive focus sessions with cluster representatives, feeding ideas, collaboration initiatives and recommendations into the task force.

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Where to go for help

Phone AADAC (Alberta Alcohol and Drug Abuse Commission)

24 hour help line

toll free within Alberta at

1-866-332-2322

Visit AADAC's website at

www.aadac.com

For more information about the
Premier's Task Force on Crystal Meth
visit the website

stopmeth.alberta.ca



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Premier's
TASK FORCE
on **Crystal Meth**
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ISBN 0-7785-5223-3

Printed in Canada

SEPTEMBER 2006